MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03729

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emp
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 Pelegar Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 31 Pelegar Ave

3. NAME OF DECEASED (Type or Print): (First) Morgan (Middle) Lee (Last) Alley
4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 7-6-1909
9. AGE last birthday 44 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Steamship
11. BIRTHPLACE (State or foreign country) Balto Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Guy Alley
14. MOTHER'S MAIDEN NAME Rose Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 213-07-1868
17. INFORMANT AND ADDRESS Barbara Alley 31 Pelegar Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver secondary — Interval Between Onset and Death: Sept. 1952

Antecedent cause(s) (b) to Carcinoma of pancreas

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

157X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma pancreas & metastasis to liver
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19 52 to April 25, 19 53, that I last saw the deceased alive on April 24 19 53 and that death occurred at 6A m., from the causes and on the date stated above.

SIGNATURE A Heins (Degree or title) Kolodny MD ADDRESS 45 Edgevale Balt. 21 DATE SIGNED 4/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 4-29-53
NAME OF CEMETERY OR CREMATORY Balto. Cemetery
LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. 4/27/53
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR A. Christano & Boughman
ADDRESS 1407 Eastern Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03730

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 yr 9 mos 30 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 304 Lorraine Ave.

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) McCORMICK (Last) Amos

4. DATE OF DEATH: (Month) April (Day) 26, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 12, 1914

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator

10b. KIND OF BUSINESS OR INDUSTRY: Ship Yard

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Granville Amos

14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
193X Immediate cause	(a) Acute cardio respiratory failure	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral neoplasm (glioblastoma)	2 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27 1952, to April 26, 1953, that I last saw the deceased alive on April 25, 1953, and that death occurred at 5:35 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John P. Risley MD Spring Grove State Hosp. Catonsville 28 Md. April 26, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4/29/53

NAME OF CEMETERY OR CREMATORY Parkwood

LOCATION (City, town, or county) (State) Taylor Ave. Balto. Md.

DATE REC'D BY LOCAL REG. 4/27/53

REGISTRAR'S SIGNATURE a W Hedrick

24. FUNERAL DIRECTOR ADDRESS John F. Connelly - 418 Eastern Ave, Balto, 21. Md.

JT

VS. A16 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03731

Reg. Dist. No. 3 b

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (In this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton Md
STREET ADDRESS (If rural, give location) 301 Bolder Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) F. (Last) Andrews

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1953

5. SEX: F

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: Aug. 27 1893

9. AGE last birthday: 59 yrs.

IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John James

14. MOTHER'S MAIDEN NAME: Jenny Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs Sarah Welsh 4750 Chapel St Edmonston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

15 IX

Immediate cause (a) Carcenoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 7 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcenoma of Stomach

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Oct., 1952, to 29 April, 1953, that I last saw the deceased alive on 29 April, 1953, and that death occurred at 6.25 p.m., from the causes and on the date stated above.

SIGNATURE Clothier M Hanson, MD (DEGREE OR TITLE) ADDRESS Catonsville — DATE SIGNED April 29, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 5-2-53

NAME OF CEMETERY OR CREMATORY CAMBRIDGE

LOCATION (City, town, or county) CAMBRIDGE (State) Md

DATE REC'D BY LOCAL REG. 4/30/53

REGISTRAR'S SIGNATURE a w Hedrick

24. FUNERAL DIRECTOR Mildred T. Blight — ADDRESS 6009 Harford Rd

Mildred T Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

63732

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN Woodlawn; STATE MARYLAND; LENGTH OF STAY (in this place) 11 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1939 Rolling Rd, Woodlawn

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; STREET ADDRESS (If rural, give location) 1939 Rolling Rd, Woodlawn

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) S. (Last) Appleby

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 13, 1889

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurseryman

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Ada Appleby, 1939 Rolling Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26/49, 19..... to 4/11/53 19....., that I last saw the deceased alive on 4/11/53 19....., and that death occurred at 5.45 P m., from the causes and on the date stated above.

SIGNATURE Geo. C. Wells (Degree or title) ADDRESS 4108 Edmondson Ave. Baltimore DATE SIGNED 4/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Apr. 15, 1953

NAME OF CEMETERY OR CREMATORY: Meadowbranch Memorial

LOCATION (City, town, or county) (State): Westminster, Md.

DATE REC'D BY LOCAL REG. 4/13/53

REGISTRAR'S SIGNATURE: a w Ellis

24. FUNERAL DIRECTOR: Harry H. Unitzfie

ADDRESS: 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03733

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus | LENGTH OF STAY (in this place) 30 yrs +
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1218 Elmridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1218 Elm Ridge Ave.

3. NAME OF DECEASED (Type or Print): (First) Georgiana (Middle) (Last) Armstrong
4. DATE OF DEATH: (Month) Apr (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec 18, 1865
9. AGE last birthday: 87 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Augusta Ga.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Neal
14. MOTHER'S MAIDEN NAME: Ella Coarts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs Charlotte Ruff 1218 Elm Ridge Balto 29 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153x
Immediate cause (a) Cancer of Colon — 4 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) General Carcinomatosis — 6 mo
(c) senility — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons disease — 10 yrs

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1952, to Apr. 18, 1953, that I last saw the deceased alive on Apr 17, 1953, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr. R. B. Brumback 3609 main st Elkridge 12 m

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/20/53
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 4/20/53
REGISTRAR'S SIGNATURE: Mrs Reduel
24. FUNERAL DIRECTOR: Wm. J. Tichenor & Sons — ADDRESS: Balto 17, Md.

VS-AY5

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex - rural Baltimore — LENGTH OF STAY (In this place) 49 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 837 BackRiver Neck Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex, Rural Baltimore
STREET ADDRESS (If rural give location) 846 BackRiver Neck Rd.

3. NAME OF DECEASED (Type or Print): (First) ANdrew (Middle) (Last) BASKofski

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 29, 1889

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Helper

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Barkofsky

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-22-5335

17. INFORMANT: 4911 Fait Avenue 24 — Mr. Peter Barkofsky

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 Immediate cause (a) Chronic Myocarditis — 4-5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTIVE ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

M Bowers MD Dep Med Exam. Dundalk. MD 4/23/53

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: 4/25/53 — NAME OF CEMETERY OR CREMATORY: Christ Lutheran Church Cem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: April 25 1953 — REGISTRAR'S SIGNATURE: R.W. —

24. FUNERAL DIRECTOR — ADDRESS: HENRY SANDER & SONS, INC. BALTO., 13, MD. Henry T. Sander

VSR-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Mt. Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mt. Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smith Avenue	STREET ADDRESS (If rural, give location) Smith Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
J.	Erle	Baumgartner	April 29th 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	Married	May 11, 1888	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Investment Broker		Westminister, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John J. Baumgartner	Elinore Woodruff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Nellie M. Baumgartner, Smith Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/6, 1953, to 3/12, 1953, that I last saw the deceased alive on April 29, 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]		[illegible]	4/29/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-2-53	St. John's Cem.	Westminister, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/29/53	A W Hedrick	Leonard J. Ruck	5305 Harford Road.

Dr. Russell Brandon
1606 Kelly Avenue
12 noon

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: 3813 Hollins Ferry Road
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3813 Hollins Ferry Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural give location) 3813 Hollins Ferry Road

3. NAME OF DECEASED: (Type or Print) (First) BLANCHE (Middle) B. (Last) BEACH

4. DATE OF DEATH (Month) APR: (Day) 26: (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 12-1889

9. AGE Last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Newton P. Sayers

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) *******

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: George B. Beach--3813 Hollins Ferry Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis left. — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Arteriosclerosis — Interval Between Onset And Death: Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.24 ,1953, to 4.26 , 1953, that I last saw the deceased alive on 4.27. , 1953, and that death occurred at 4:45 A.M. from the causes and on the date stated above.

SIGNATURE John P. Ulrich Jr (Degree or title) M D ADDRESS 1227 Wash Blvd DATE SIGNED 4.28.53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF APR: 29:53 NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY LOCATION (City, town, or county) (State) BALTIMORE MARYLAND

DATE REC'D BY LOCAL REGISTRAR 4/28/53 REGISTRAR'S SIGNATURE A W Hudnut

24. FUNERAL DIRECTOR D. B. Whippert & Son ADDRESS 1300 EUTAW PLACE 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A-2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk - rural Baltimore) LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6911 German Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk, rural Baltimore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) LEO (Last) BECKER

4. DATE OF DEATH: (Month) Apr. (Day) 9, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 15, 1895

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handyman

10b. KIND OF BUSINESS OR INDUSTRY: Furniture factory

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Becker

14. MOTHER'S MAIDEN NAME: Anna Faupel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 215-05-4065

17. INFORMANT AND ADDRESS: Mr Wm. Becker- 6907 Fenway Rd. 22

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4a - - Immediate cause	(a) Coronary Occlusion	10 mins
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Cholecystitis	3 yr.
	(c) Arteriosclerotic Heart Disease	6 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1953, to 4-9, 1953, that I last saw the deceased alive on 4-9, 1953, and that death occurred at 4 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): David Schneider ADDRESS: 1101 N. Milton Ave DATE SIGNED: 4-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 4/13/53 | NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 4/13/53 | REGISTRAR'S SIGNATURE: a w Bartels

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. ADDRESS: BALTO., 13, MD. Geo. H. Sander

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03738

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 31
STREET ADDRESS (If rural, give location) 1811 E. Pratt St.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Bekowitz

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 15, 1872

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Palestine

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis Horanstein

14. MOTHER'S MAIDEN NAME: Sarah Gold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: S. Bekowitz 3430 Sollers Pt. Rd., Dundalk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-pneumonia — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cirrhosis of liver - Arteriosclerosis & hypertension — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10th, 1952 to April 10th, 1953, that I last saw the deceased alive on April 10th, 1953, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Thomas M.D. — ADDRESS 107 N. Main St Baltimore 22. — DATE SIGNED 4/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4-13-53 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Cantland — (State) Md

DATE REC'D BY LOCAL REG. 4/13/53 — REGISTRAR'S SIGNATURE A W Hedrick — 24. FUNERAL DIRECTOR Jack Lewis Inc. — ADDRESS 2100 Eutaw Pl

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13739

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY of Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 106 South East Ave. (from T[illegible] Rep[illegible])

3. NAME OF DECEASED: (First) Julia (Middle) (Last) Bernhardt
4. DATE OF DEATH: (Month) April (Day) 12, (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 1st 1879
9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Bernhardt
14. MOTHER'S MAIDEN NAME: Sarah Eisfeldt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Personal History
Hospital Records - Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) ADENOCARCINOMA PELVIC ORGANS — Interval Between Onset and Death: 1 year +
DUE TO PRIMARY ORGAN UNDETERMINED
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)
(OCCX)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: ARRESTED PULMONARY TUBERCULOSIS

19a. DATE OF OPERATION: OCT. 1902
19b. MAJOR FINDINGS OF OPERATION: ADENOCARCINOMA, PELVIC.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 19[illegible], to April 12, 1953, that I last saw the deceased alive on April 12, 1953, and that death occurred at 6:15 P.M., from the causes and on the date stated above.
SIGNATURE: G. S. Horgan (DEGREE OR TITLE) ADDRESS: M.D.-Eudowood Sanatorium-Towson, 4, Md. DATE SIGNED: 4-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/16/53 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Mem — LOCATION (City, town, or county) (State): Baltimore
DATE REC'D BY LOCAL REG. 4/14/53 — REGISTRAR'S SIGNATURE: A W Fedrick
24. FUNERAL DIRECTOR: Philip Henry Sons, ADDRESS: 2624 Calhoun St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills, Maryland

LENGTH OF STAY (in this place) Since 2-20-53

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2 USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oldtown, Maryland

STREET ADDRESS (If rural give location) Box 112 B - Rt. #1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Carolin	Marie	Bishop	April	30	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	9-20-52	--- yrs.	7	10		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland - Alleg Co.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Leo Bishop	Dorothy Rachael Wagner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Parents - Charles L. Bishop, Rt. 1, Oldtown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

75 IX

Immediate cause (a) Pneumonia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hydro-cephalus with meningocele

DUE TO

(c)

Interval Between Onset And Death: 2 days

Birth

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-----	-------	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
-- m.		-----

22. I hereby certify that I attended the deceased from 2-20 ,1953 , to 4-30-53 , 19 , that I last saw the deceased alive on 4-30-53 19 , and that death occurred at 8:50 p.m. , from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Dustin Harold M.D.	Owings Mills, Maryland	4-30-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/5/53	Olivers Grove Cemetery	Allegany Co. Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-4-53	Mary B. Linn	John J. Hafer	Cumberland, Md.

2092 268 74

VS. A 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1953
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3711

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville, Rural - 50 yds
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) NANNIE (Middle) M (Last) BORING

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 19 53

5. SEX: FH

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 14-1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Work-

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel Starr

14. MOTHER'S MAIDEN NAME: Diana Wisner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: ✓

17. INFORMANT & ADDRESS: Mrs Sidney Boring - Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-Sclerotic C.V. Disease — Interval Between Onset And Death: 12 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Uremia — 2 wks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19 53, to April 12, 19 53, that I last saw the deceased alive on April 11, 19 53, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D ADDRESS Hampstead Md DATE SIGNED 4-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Apr 15 53 NAME OF CEMETERY OR CREMATORY Beckleysville LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-14-53 REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR Edw A Tipton ADDRESS Hampstead Md

VS. 4-46

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): [redacted] Cockeysville
STREET ADDRESS (If rural, give location): Depot

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) Edward (Last) BOSLEY

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-24-2[illegible]

9. AGE Last birthday: 28 [illegible] yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Balto.Co.Metr.Dept

11. BIRTHPLACE (State or foreign country): Phoenix, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William [illegible] Bosley

14. MOTHER'S MAIDEN NAME: Nellie [illegible] Talbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 220-14-3661 [illegible]

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) ACTIVE PULMONARY TUBERCULOSIS — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from April 17, 19 53, to April 27, 19 53, [redacted] and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE: FRANCIS G. DICKEY, M. D. — (Degree or title): Chief, Medical Service, VAH — ADDRESS: Fort Howard, Md. — DATE SIGNED: 4-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-29-53 — NAME OF CEMETERY OR CREMATORY: Poplar Cemetery — LOCATION (City, town, or county) (State): [redacted], Maryland

DATE REC'D BY LOCAL REGISTRAR: 4/29/53 — REGISTRAR'S SIGNATURE: Edward L. Farley

24. FUNERAL DIRECTOR: [redacted] Brooks Funeral Home — ADDRESS: Cockeysville, Sparks, Md.

F. Scott Brooks

VS. A15

RECEIVED
MAY 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)53

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 17hrs 45min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1828 N. Chester Street

3. NAME OF DECEASED: (First) JOSEPH (Middle) F. (Last) BOWMAN (Type or Print)

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-3-80

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Westminister, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Bowman

14. MOTHER'S MAIDEN NAME: Patience Stonesifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): SAW

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) MYOCARDIAL INFARCTION

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ...

DUE TO

(c)

Interval Between Onset And Death: 2 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1953, to April 9, 1953, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE: FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. (Degree or title) — ADDRESS — DATE SIGNED: 4-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 13th 1953 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4/10/53 — REGISTRAR'S SIGNATURE: A W Hedrick — ADDRESS

24. FUNERAL DIRECTOR: Leo G. Cook Funeral Home
1703 N. Patterson Park Ave., Baltimore, Md.

J.C.L.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 6 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 43 S. Prospect Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 43 S. Prospect Ave.

3. NAME OF DECEASED (Type or Print): (First) Matilda (Middle) Johanna (Last) Breitenother

4. DATE OF DEATH: (Month) April (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 27 1892

9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Lang

14. MOTHER'S MAIDEN NAME: Mary Kramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Frederick C. Breitenother 43 S. Prospect Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast — Interval Between Onset and Death: 18 Months

170X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ——— (c) ———

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Lung Metastasis — 3 Months

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to April 20, 1953, that I last saw the deceased alive on April 19, 1953, and that death occurred at 11:40 A m., from the causes and on the date stated above.

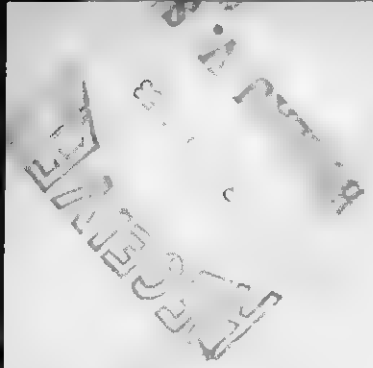
SIGNATURE (Degree or title) Harry Glassman — ADDRESS 7687 Wrexham Ave — DATE SIGNED April 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 23 1953 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/21/53 | REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: George L. Schwab | ADDRESS: 2101 Frederick Ave. Balto., Md.

2



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 19hrs 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Brooklyn
STREET ADDRESS (If rural give location): 3322 Fairfield Road

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) R. (Last) BROWN

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-4-89

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mocksville, North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank

14. MOTHER'S MAIDEN NAME: Hanna Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

6/1 X

Immediate cause (a) NODULAR ENLARGEMENT OF PROSTATE, BENIGN, WITH

DUE TO URINARY RETENTION

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c) ...

Interval Between Onset And Death: [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17 19 53, to April 18, 19 53 and that death occurred at 10:45 AM, from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M.D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 4-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/21/53 — NAME OF CEMETERY OR CREMATORY: Mocksville, North Carolina — LOCATION (City, town, or county) (State): North Carolina

DATE REC'D BY LOCAL REGISTRAR: 4/21/53 — REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: Arlington S. Phillips — ADDRESS: 1808 N. Monroe St. Balto, Md.

Shipped to: Neva Kelsey 117 E. Fisher St. Salisbury, N.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 325

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-52

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1413 William St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Baines (Last) Byus

4. DATE OF DEATH: (Month) April (Day) 18th (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 7, 1878

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Barnes

14. MOTHER'S MAIDEN NAME: Elizabeth Hessel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — **(If Yes, give war or dates of service)**

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary thrombosis — DUE TO — Interval between onset and death: 5 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Gangrene of lower extremities — DUE TO — weeks
(c) Advanced generalized arteriosclerosis — months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1953, to April 18, 1953, that I last saw the deceased alive on April 18 1953, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE John P. Risley MD — **(DEGREE OR TITLE)** — **ADDRESS** Spring Grove State Hospital Catonsville 28 Md. — **DATE SIGNED** 4/18/53

28. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF** 4/21/53 — **NAME OF CEMETERY OR CREMATORY** Oak Lawn — **LOCATION (City, town, or county) (State)** Balto. Md.

DATE REC'D BY LOCAL REG. 4/20/53 — **REGISTRAR'S SIGNATURE** H. C. Rowland

24. FUNERAL DIRECTOR — **ADDRESS** McCook Inc. 1217 St. Paul St.

Dixon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Baltimore Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
LENGTH OF STAY (in this place): 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: I238 Vogt Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
STREET ADDRESS (If rural, give location): I238 Vogt Ave.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) P. (Last) Cadden

4. DATE OF DEATH (Month) (Day) (Year): 4/II/1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/15/1891

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Checker

10b. KIND OF BUSINESS OR INDUSTRY: Steam Ship Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Anthony P. Cadden

14. MOTHER'S MAIDEN NAME: Margaret V. Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Mario M. Cadden I238 Vogt Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Cerebral Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Previous hemiplegia – Arteriosclerotic C.V. Disease	5 1/2 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1953, to April 11, 1953, that I last saw the deceased alive on April 11, 1953, and that death occurred at 2.50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John F. Coolahan. M.D. — ADDRESS: 4201 Williams Ave — DATE SIGNED: 4/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/15/1953 — NAME OF CEMETERY OR CREMATORY: Western — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 4/16/53 — REGISTRAR'S SIGNATURE: A W Beckmeier

24. FUNERAL DIRECTOR: Flynn & Fleming — ADDRESS: 1426 Light St.

VS. A15

15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3L

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgway Manor 5700 Edmondson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2770 Kinsey Ave

3. NAME OF DECEASED: (First) Maria (Middle) (Last) Carfagna
4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	March 31st 1880	73				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Pratola Peligna Italy	Italy

13. FATHER'S NAME: Luigi Presciutti
14. MOTHER'S MAIDEN NAME: Angelina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT & ADDRESS:
NO			Mariano Carfagna 2770 Kinsey Ave

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Bronchopneumonia	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Heart Disease; Congestive Heart Failure	2½ years
	Multiple Cerebral Thromboses. Previous hypertension	3 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6 ..., 19 53, to 4/15, 19 53, that I last saw the deceased alive on 4/12, 19 53, and that death occurred at 3 AM, from the causes and on the date stated above.

SIGNATURE Penn Futterman (Degree or title) M.D. ADDRESS 2 E. Read St DATE SIGNED 4/17/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	April 16/53	New Cathedral Cemetery	4300 Old Frederick Ave

DATE REC'D BY LOCAL REGISTRAR 4-21-53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR (ADDRESS) Gould Dallahuer 322 S. High St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 037434P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct agents especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
   LENGTH OF STAY (in this place): 33 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) FRANCIS (Last) CARR

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 12-8-92

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Odd Jobs

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John H. Carr

14. MOTHER'S MAIDEN NAME: Lena Kissner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

16 X

Immediate cause (a) CARCINOMA OF LEFT LUNG — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-26-53

19b. MAJOR FINDINGS OF OPERATION: Excision of lymph node

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from March 10 1953, to April 12, 1953. [redacted] and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) WILLIAM B. VANDEGRIFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 4-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-15-53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4/14/53 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore, Md.

Mildred T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (53-50)

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Owings Mills
LENGTH OF STAY (in this place) Approx 4 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3823 Bayonne Ave

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Jackson (Last) Carter

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-23-52

9. AGE last birthday: yrs. 8 IF UNDER 1 YEAR Months 8 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): U.S. Naval Hospital Guantanamo Cuba

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Jackson Carter Sr.

14. MOTHER'S MAIDEN NAME: Sarah Viola Emry Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 X

Immediate cause (a) Broncho-pneumonia — Interval Between Onset And Death 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ... DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy - Cranial Anomaly — Congenital

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 9, 1953, to Apr 5, 1953, that I last saw the deceased alive on Apr 5, 1953, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Viola B. Johns M.D. Rosewood State Training School 4-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-6-53 NAME OF CEMETERY OR CREMATORY Parkwood Cemetery LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 4/2/53 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS Leonard J. Ruck, 5305 Harford Road.

9V7299V99V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. USE UNFADING INK. Supply every item of information carefully. The correct and legible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (In this place): (Rec'd from Home)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Slaughter Rucland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2731 Mosher St.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Mary (Last) Cheney

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1953

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed — 8. DATE OF BIRTH: Mar. 10, 1872 — 9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife — 10b. KIND OF BUSINESS OR INDUSTRY: at home — 11. BIRTHPLACE (State or foreign country): Tennessee — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Ryan — 14. MOTHER'S MAIDEN NAME: Mary O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — 16. SOCIAL SECURITY No.: no — 17. INFORMANT AND ADDRESS: Mr. Henry Artes-5206 Catalpha Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
42-1 Immediate cause	(a) Acute Cardiac failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular disease	
	(c) Senility	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY Ooccur?

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.

SIGNATURE (Degree or Title): Geo. McKieffer M.D. — ADDRESS: Dr. Clinic Balto Co 1010 Leadenhall — DATE SIGNED: April 3 53

MODE OF DISPOSAL (Burial, Cremation, Removal, specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/6/53	New Cathedral Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.: April 4. 1953 — REGISTRAR'S SIGNATURE: R. W. — 23. FUNERAL DIRECTOR: Wm. J. Pickener & Sons — ADDRESS: Balto 17, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (Rev. 9-53)

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Essex, Md.) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3100 Eastern Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Essex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Essex Md.
STREET ADDRESS (If rural, give location) 3100 Eastern Blvd.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) A. H. (Last) Chapin

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-25-1895

9. AGE last birthday: 57 yrs. If under 1 year: Months 7 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Engineer

11. BIRTHPLACE (State or foreign country): Roanoke Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Chapin

14. MOTHER'S MAIDEN NAME: Lillian Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 049-09-9668

17. INFORMANT AND ADDRESS: Alice Teresa Chapin 3100 Eastern Blvd. Balto. 20 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion - Acute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1953, to Same., 19....., that I last saw the deceased alive on April 6, 1953, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irving Beck MD — ADDRESS 901 Fuselage Av Balt. 20 Md — DATE SIGNED April 6, 53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF 4-10-53 — NAME OF CEMETERY OR CREMATORY Greenmount Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4/8/53 — REGISTRAR'S SIGNATURE Wm. A. Hale — 24. FUNERAL DIRECTOR — ADDRESS Leonard J. Ruck, 5305 Harford Road

Duck

6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A6

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
   LENGTH OF STAY (in this place): 26 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1319 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Md. — COUNTY: Balto
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
   STREET ADDRESS (If rural give location): 1319 Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) Dr. Albert (Middle) T. (Last) Clewlow

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 53

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Feb. 10, 1903 | 9. AGE last birthday: 50 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dentist | 10b. KIND OF BUSINESS OR INDUSTRY: Self Employed | 11. BIRTHPLACE (State or foreign country): England | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert H. Clewlow

14. MOTHER'S MAIDEN NAME: Lavinia J. Farrell

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: (WIFE) Mrs. Pauline C. Clewlow, 1319 Maple Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Carcinoma, Embryonal, Testicle with metastasis to abdomen + Lungs — Interval Between Onset And Death: 6 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ., 1951., to April 23 1953, that I last saw the deceased alive on April 23 1953, and that death occurred at 7:45 pM from the causes and on the date stated above.

SIGNATURE (Degree or title): G Bradley Daugherty M.D. — ADDRESS: 1264 Francis ave Baltimore 7 Md — DATE SIGNED: 4-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April 27/53 | NAME OF CEMETERY OR CREMATORY: Most Holy Redeemer | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Harry H. Leitzke — ADDRESS: 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

VS. A6

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 87 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 526 E. Seminary Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 526 E. Seminary Avenue

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) A. (Last) Coady

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 19 53

5. Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 1/18/66 | 9. AGE last birthday: 87 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Coady
14. MOTHER'S MAIDEN NAME: Mary Lyons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. J. E. Brown 2 Wynnhurst Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vas. disease — 5 mo. years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Pneumonia — 3 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12/, 19 43, to 4/12/, 19 53, that I last saw the deceased alive on 4/12/, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE: Theodore H. Morison (Degree or title) M.D. ADDRESS: 11 E. Chase St DATE SIGNED: 4/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Ft. Lt.
DATE THEREOF: 4/15/53
NAME OF CEMETERY OR CREMATORY: New Cathedral
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/17/53
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: H. W. Meeks & Son ADDRESS: 505 N. Calvert St.

JT

(4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3408 W. Franklin Street

3. NAME OF DECEASED: (First) HENRY (Middle) J. (Last) CONDEFER

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-22-96

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Draftsman — Ft. Meade

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Scranton, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Condefer

14. MOTHER'S MAIDEN NAME: Frances Kluza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 203-03-2253

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) ACUTE INFECTIOUS HEPATITIS — Interval Between Onset And Death: 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1953, to April 8, 1953, and that death occurred at 11:50 PM, from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M. D. (Degree or title) — VAH, FORT HOWARD, MARYLAND (ADDRESS) — 4-9-53 (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr. 13/53. — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4/10/53 — REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.

24. FUNERAL DIRECTOR: Harry H. Witzke Funeral Home — ADDRESS: 4101 Edmondson Avenue, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 38

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A44

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) 18 Ao
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT.
STREET ADDRESS (If rural give location) 627 E 5T.

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) LINWOOD (Last) COX

4. DATE OF DEATH: (Month) APRIL (Day) 1 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JULY 15 1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PIPE FITTER

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MILLS

11. BIRTHPLACE (State or foreign country): BALTO. COUNTY MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE B. COX

14. MOTHER'S MAIDEN NAME: BERTIE AMBROSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-22-4016

17. INFORMANT & ADDRESS: RECORDS EUDOWOOD SAN.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(a) DUE TO
(b) DUE TO
(c)

(402x)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: OLD ARRESTED PULMONARY TUBERCULOSIS

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1951, to April 1, 1953, that I last saw the deceased alive on April 1, 1953, and that death occurred at 7 30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. S. Rogers M.D. ADDRESS Eudowood Sanatorium - Towson 4, Maryland DATE SIGNED April 3-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4-4-53

NAME OF CEMETERY OR CREMATORY Oakdown

LOCATION (City, town, or county) Balto. Co. Md

(State)

DATE REC'D BY LOCAL REGISTRAR April 3-1953

REGISTRAR'S SIGNATURE Hilton M. Kelly

24. FUNERAL DIRECTOR Walter Burke Bradley

ADDRESS Dundalk, Md

Mabel Gray - cmg.

APR 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)57

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
   LENGTH OF STAY (in this place): 44 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural give location): 1511 Milliman Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W. (Last) CURRIE

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-13-13

9. AGE last birthday: 40 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ladle Liner

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country): Fayetteville, N. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: David Currie

14. MOTHER'S MAIDEN NAME: Henrietta Bunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 213-09-1722

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) HYPERTENSIVE CARDIOVASCULAR DISEASE — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 19 53, to April 27, 19 53, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift (Degree or title) M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 4-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF:
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5/1/53
REGISTRAR'S SIGNATURE: A. W. Bedsworth

24. FUNERAL DIRECTOR: Rayner Sanders Funeral Home
ADDRESS: 217 E. Preston Street, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A46 8-52

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 6yrs 10mos 13days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marlboro
STREET ADDRESS (If rural, give location) 6450 Marlboro Road

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Franklin (Last) Curtin

4. DATE OF DEATH: (Month) April (Day) 18, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Aug. 6, 1916

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car cleaner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Everett Curtin

14. MOTHER'S MAIDEN NAME: Mabel Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

3 X

Immediate cause (a) Toxemia due to decubitus ulcer — Interval between onset and death: 6 mo

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cachexia — several yrs

DUE TO

(c) Huntingtons Chorea. — many yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1952, to April 18, 1953, that I last saw the deceased alive on April 17, 1953, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) John P. Risley MD — ADDRESS Spring Grove State Hospital Catonsville 28 Md. — DATE SIGNED 4/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4-21-53 — NAME OF CEMETERY OR CREMATORY Episcopal church Cem — LOCATION (City, town, or county) (State) Forestville, Md.

DATE REC'D BY LOCAL REG. 4/18/53 — REGISTRAR'S SIGNATURE V. E. Harris

24. FUNERAL DIRECTOR — ADDRESS W.W. Chambers Co. 1400 Chapin St. N.W. Wash. D.C.

W. W. Chambers Co.,
400 Chapin St., N.W.
Washington, D.C.
Phone. CO-5-0432

RECEIVED
APR 21 1953
BUREAU V

Item 18 Film G154 6-12-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town); LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2609 Sparrows Point Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparrows Point; STREET ADDRESS (If rural, give location) 2609 Sparrows Point Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
RONALD	WAYNE	DAWSON	April 30 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White		3-20-53		1 / 10	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Balto. Co. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Dawson	Sadie Lowkonen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	none	Alfred Dawson (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

525X **Immediate cause** (a) Interstitial pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
B. B. Fisher	Chief Medical Examiner-700 Fleet St.-Balto. 2, Md.	Apr. 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 2-1953	Oak Lawn Cem.	Balto. Co., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 2, 1953	Chas. Hurley	John F. Connelly - 418 Eastern Ave	Balto 2-1, Md

VS. 4-51

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RECEIVED
MAY 6 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)66

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md.
LENGTH OF STAY (in this place) 1 mo. 7 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltio.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 20
STREET ADDRESS (If rural give location) 110 Victoria Rd. Victor Villa Gardens

3. NAME OF DECEASED: (Type or Print) (First) J, (Middle) B. (Last) Dodd

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	1-19-53		3	1		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ralph Dodd	Lois Hugg

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	School Records, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

751X

Immediate cause (a) Bilateral pneumonia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hydrocephalus - meningocele — Birth

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5-53, 19 , to 4-20 , 19 53 , that I last saw the deceased alive on 4-20 , 19 53 , and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry B. Buffin M.D. — ADDRESS Owings Mills Md — DATE SIGNED 4/21/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 23/53	Rosewood Cemetery	Owings Mills, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-23-53	Mary B. Shue	J.F.Eline & Sons	Reisterstown, Md.

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RECEIVED
APR 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]51

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physician must write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): ANNIE L. DOLBOW

2. DATE OF DEATH: Apr. 29, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore County; B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Armacost Nursing Home; C. Length of stay in Baltimore: 81 years (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland; B. COUNTY; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore; D. STREET ADDRESS (If rural, give location): 1708 Holbrook Street

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Mar. 9, 1870

9. AGE (In years last birthday): 82 (If Under 1 Year: Months, Days; If under 24 Hours: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hat Maker

10B. KIND OF BUSINESS OR INDUSTRY: Mfg.

11. BIRTHPLACE (State or foreign country): Phila. Pa.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Reuben Dolbow

14. MOTHER'S MAIDEN NAME: Annie E. Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT ADDRESS: Homewood Apts. Mrs. W. Guy Delahay

MEDICAL CERTIFICATE

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

ANTECEDENT CAUSES

(B) [illegible]

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of the vulva — 18 mo.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/23/52, 19__, *to* 4/29/53, 19__, *that I last saw the deceased alive on* 4/25/53 19__ *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Robert E. Hay M. D.

23B. ADDRESS: 1200 Woodbourne Av.

23C. DATE SIGNED: 4/30/53

24A. BURIAL, CREMATION, REMOVAL (Specify): burial

24B. DATE: 5/1/53

24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 5/1/53

REGISTRAR'S SIGNATURE: G. W. Hedrich

25. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC.

ADDRESS: BALTO., 13, MD. Sons & Sander

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - WOODLAWN
LENGTH OF STAY (In this place): 60 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: DOGWOOD ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - WOODLAWN
STREET ADDRESS (If rural give location): DOGWOOD Rd.

3. NAME OF DECEASED: (Type or Print) (First) WAYMAN (Middle) PRESTON (Last) DUFF

4. DATE OF DEATH: (Month) 4 (Day) 4 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Sept. 22, 1869

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RAILROAD MAN.

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD.

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sanford Duff

14. MOTHER'S MAIDEN NAME: America Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Railroad Retirement 118359

17. INFORMANT & ADDRESS: WIFE - Sadie Duff - Dogwood Rd, Balto 7, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset And Death: 6 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Diabetes Mellitus & Hypertension — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1950, to April 4, 1953, that I last saw the deceased alive on 4/4, 1953 and that death occurred at 12:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edwin G. Pierson, M.D. 8204 LIBERTY Rd, BALTO 7, Md. 4/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 7, 1953
NAME OF CEMETERY OR CREMATORY: Good Shepherd Cemetery
LOCATION (City, town, or county) (State): Rockland, Md.

DATE REC'D BY LOCAL REGISTRAR: 4/6/53
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: [signature] Deas
ADDRESS: 4510 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answers to the following questions are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: North Carolina — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leechville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) EDGAR (Middle) L. (Last) DUNBAR

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-12-13

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): New Lake, North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Tom Dunbar

14. MOTHER'S MAIDEN NAME: Maude Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

148X

Immediate cause (a) Carcinoma of oral pharynx — One year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/10/52

19b. MAJOR FINDINGS OF OPERATION: Radical neck dissection, left; suprahyoid neck dissection, rt.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1953, to April 29, 1953, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M.D. (Degree or title) — VAH, Fort Howard, Maryland (ADDRESS) — 5/1/53 (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-2-53
NAME OF CEMETERY OR CREMATORY: Family Cemetery
LOCATION (City, town, or county) (State): New Lake, North Caroline

DATE REC'D BY LOCAL REGISTRAR: May 2 1953
REGISTRAR'S SIGNATURE: R.W.V

24. FUNERAL DIRECTOR: Howard Blight Funeral Home, 6009 Harford Rd. Baltimore, Md.
ADDRESS

Shipp's-Paul Funeral Home Rocky Mt. N.C

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 806 Quincy Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural, give location) 806 Quincy Road

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) E. (Last) Dunn

4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS	
					Months	Days	Hours	Min.
female	white	widowed	September 27, 1885	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Baltimore, Maryland	

13. FATHER'S NAME: Vernon Derr

14. MOTHER'S MAIDEN NAME: Rebecca Greenley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Marion A. Robbins, 806 Quincy Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Respiratory failure	4-7-53 - 4-8-53
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Recurrent carcinoma breast	12-4-52
	DUE TO (c)	Carcinoma cervix	7-4-52

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
7-4-52	Carcinoma cervix with metastasis to regional nodes	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2-1, 1953, to 4-8, 1953, that I last saw the deceased alive on 4-9-, 1953, and that death occurred at 11 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Chas T J Mace MD 2923 St Paul 4-10-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	4/11/53	Parkwood Cemetery	Parkville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/10/53	A. A. Hedrick Jr	Wm. Cook, Inc.	1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 65

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Ba
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Randallstown
STREET ADDRESS (If rural give location): Church Road

3. NAME OF DECEASED (Type or Print): (First) FRANCIS (Middle) M. (Last) EAST

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4-7-17

9. AGE last birthday: 35 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Electrician - Glenn

10b. KIND OF BUSINESS OR INDUSTRY: L. Martin Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William East

14. MOTHER'S MAIDEN NAME: Eva Hipp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 212-03-3138

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) CARCINOMA OF LIVER WITH INTRAPERITONEAL

DUE TO HEMORRHAGE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-2-53

19b. MAJOR FINDINGS OF OPERATION: Exploratory laparotomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1953, to April 3, 1953, the deceased, and that death occurred at 11:40 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): M. N. JETSEN, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 4-3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF:

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: 4/6/53

REGISTRAR'S SIGNATURE: A.W. Gehrich M.D.

24. FUNERAL DIRECTOR ADDRESS: Ellsworth Armacost Funeral Home
4600 Liberty Heights Avenue, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53-66

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-52

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Colgate Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 6621 Reisterstown Rd

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Elizabeth (Last) Ecker

4. DATE OF DEATH: (Month) April (Day) 29th (Year) 1953 (Hour) 10 a.m.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: 4/14/1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph M. Gist

14. MOTHER'S MAIDEN NAME: Mary Sterrett Gist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Helen Tumbler 6621 Reisterstown Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

170X
Immediate cause (a) Carcinoma of breast with metastases DUE TO — Interval between onset and death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Lymphosarcoma - Arteriosclerotic Heart Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 49, to April 28, 1953, that I last saw the deceased alive on April 28, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Bernard Burgin M.D. 6721 Reisterstown Rd. Balto 15, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE FILED: 5/1/53
NAME OF CEMETERY OR CREMATORY: Springfield
LOCATION (City, town, or county) (State): Sykesville Md.

DATE REC'D BY LOCAL REG. 4/30/53
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR / ADDRESS: Wm. Cook Inc. 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 625 Plymouth Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ( ); CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 625 Plymouth Rd.

3. NAME OF DECEASED (Type or Print): (First) Beasie (Middle) May (Last) Edmonston

4. DATE OF DEATH: (Month) April (Day) 30, (Year) 1953

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10.7.1872

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Francis O. Edmonston

14. MOTHER'S MAIDEN NAME: Mary E. Streets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Miss Mary E. Edmonston 625 Plymouth Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 3 days

260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-vascular disease

(c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED White at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27, 1953, to 4/30, 1953, that I last saw the deceased alive on 4/29, 1953, and that death occurred at 5:50 A.m., from the causes and on the date stated above.

SIGNATURE Denver Laughlin (Degree or title) ADDRESS 4508 Edmondson Village DATE SIGNED 4/30/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 2, 1953

NAME OF CEMETERY OR CREMATORY: Mt. Olivet

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 4/30/53

REGISTRAR'S SIGNATURE: A W Hudnut

24. FUNERAL DIRECTOR ADDRESS: John T. Stansbury 2700 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 58

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN Towson; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN Towson (see below); STREET ADDRESS (If rural, give location) Presbyterian Home

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) E. (Last) Fields

4. DATE OF DEATH (Month) April (Day) 3, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-9-74

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Alexander H. Fields

14. MOTHER'S MAIDEN NAME: Mary Valentine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Records - Presbyterian Home, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, chronic myocarditis, with decompensation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile changes

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 10 yrs (b) Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1953, to March 3, 1953, that I last saw the deceased alive on March 3, 1953, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rollin L. Hudson M.D. ADDRESS 606 Baltimore St., Towson, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4 - 6 - 53

NAME OF CEMETERY OR CREMATORY: Mount Olivet

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 4-6-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. ADDRESS 1900 Eutaw Place

M B Mitchell

Residence before entering Pres.Home: 6518 Maplewood Rd., Baltimore, Md.

Item 18 Film G153 4-20-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13764

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1E

1. PLACE OF DEATH: Roxton
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 57
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
Roxton
STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) D. K (Middle) Este (Last) Fisher

4. DATE OF DEATH: (Month) Apr (Day) 3 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb 16 1860

9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Cincinatti Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Judge William Alexander Fisher

14. MOTHER'S MAIDEN NAME: Louisa Miner Este

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Dr Este Fisher Jr Garrison Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: 011X TUBERCULOSIS Carcinoma of Cecum — Interval Between Onset And Death: 2 yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psoas Abscess-Tuberculous ?

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to Apr. 3 , 1953, that I last saw the deceased alive on Apr. 3, 1953, and that death occurred at 2 P.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Murray Fisher M.D. ADDRESS 18 E. Eager St. Balto. 2 DATE SIGNED 4/3/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Apr. 6, 1953 NAME OF CEMETERY OR CREMATORY Fairview LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR April 4 1953 REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR H. Grahame Norris ADDRESS 4905 Old

L 1040

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 S. Stuart St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 111 S. Stuart St.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Daniel (Last) Fullem

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: May 1, 1910

9. AGE last birthday: 42 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNDERTAKER

10b. KIND OF BUSINESS OR INDUSTRY: FUNERAL

11. BIRTHPLACE (State or foreign country): Youngwood, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: DANIEL FULLEM

14. MOTHER'S MAIDEN NAME: SARAH KERR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Elizabeth. Fullem

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

416K

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Cardio-Vascular disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to April 1, 1953, that I last saw the deceased alive on April 1, 1953, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

J. M. Baumgardner M.D. | Balto 6 Md. | April 1 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April 1 1953 | NAME OF CEMETERY OR CREMATORY: Youngwood | LOCATION (City, town, or county): Youngwood | (State): Pa

DATE REC'D BY LOCAL REG. 4/1/53 | REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Mildred J. Blight | ADDRESS: 6009 Harford Rd

VT

V8-A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Garrett Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 5 Garrett Ave.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Dora Elizabeth Garrett

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/26/1900

9. AGE last birthday: 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beltsville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Ross

14. MOTHER'S MAIDEN NAME: Mary E. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: David W. Garrett 5 Garrett Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X
Immediate cause (a) Cerebral Haemorrhage — DUE TO — Interval between onset and death: 14 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hypertension & arterio sclerosis — DUE TO —
(c) Diabetes Mellitus — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 18, 1953, to April 20, 1953, that I last saw the deceased alive on April 18, 1953, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Frederick J. Kessler M.D. 1014 Frances Ave. Baltimore 27 Md. 4-20-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE (Month) (Day) (Year): 4/23/1953

NAME OF CEMETERY OR CREMATORY: Western Star Cem.

LOCATION (City, town, or county) (State): Catonsville Md.

DATE REC'D BY LOCAL REG.: 4-21-53

REGISTRAR'S SIGNATURE: J. W. Redmond

24. FUNERAL DIRECTOR ADDRESS: Walter R. Williams 8229 Edmondson Ave.

14

District

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 60 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 799 Grantley Street

3. NAME OF DECEASED (Type or Print): (First) LEONEL (Middle) A. (Last) GATINEAU

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-22-30

9. AGE Last birthday: 22 yrs. IF UNDER 1 YEAR: Months: Days IF UNDER 24 HRS: Hours: Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Textile Worker

10b. KIND OF BUSINESS OR INDUSTRY: Textile

11. BIRTHPLACE (State or foreign country): Putnam, Connecticut

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Aldie

14. MOTHER'S MAIDEN NAME: Sylvia Hadner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service) Korean War

16. SOCIAL SECURITY NO.: 043-24-8497

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

271X

Immediate cause (a) HODGKIN'S DISEASE

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.25, 1953, to April 26, 1953, [illegible] and that death occurred at 10:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MD.

DATE SIGNED: 4-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-29-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4/28/53

REGISTRAR'S SIGNATURE: C W Hedrick

24. FUNERAL DIRECTOR: Howard Blight Funeral Home
6009 Harford Road, Baltimore 14, Maryland
Mildred T. Blight

ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place) 11 mo 24 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 346 Mt. Olivet Lane

3. NAME OF DECEASED (Type or Print): (First) George (Middle) H. (Last) Gaubatz

4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Aug 20 1878

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Butcher

10b. KIND OF BUSINESS OR INDUSTRY? Retail Sales Butcher

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: Unk-7178

17. INFORMANT AND ADDRESS: Records Spring Grove State Hosp. Catonsville 28, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

1 Immediate cause (a) Uremia due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obstruction of ureters

(c) Carcinoma - bladder (primary)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture - left femur

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Institution (CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) 4 (Day) 14 (Year) 53 (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Undetermined, possibly by fall

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leo W. Kiefer M.D. Spring Balto 10 Loudon 4-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 28

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECD BY LOCAL REG. 4/28/53

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: F. G. Wisbert

ADDRESS: 1200 Eastern Ave

2 4

17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 523 Elmwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 523 Elmwood Rd.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) J (Last) GEBHARDT

4. DATE OF DEATH: (Month) 4 (Day) 15 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/27/1899

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Broom. Mach. Co.

11. BIRTHPLACE (State or foreign country): BALTO. CO. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christopher Gebhardt.

14. MOTHER'S MAIDEN NAME: ANNA NEUBAUER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO.

16. SOCIAL SECURITY NO.: 212-03-5107

17. INFORMANT: MRS. CHAS. J. GEBHARDT.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 6 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to April 15, 1953, that I last saw the deceased alive on April 15, 1953, and that death occurred at 11:C. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Adam Gelwicks M.D. 6232 Belair Rd April 17, 1953

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 4/20/53

NAME OF CEMETERY OR CREMATORY: PARKwood. Cem.

LOCATION (City, town, or county) (State): BALTO. CITY MD.

DATE REC'D BY LOCAL REG. Apr 17 1953

REGISTRAR'S SIGNATURE: Mrs Mary F. Reifsnider

24. FUNERAL DIRECTOR ADDRESS: LASSAHN FUNERAL Home 7401 Belair Rd.

-17-6

VS. A15

RECEIVED
APR 21 1953
BUREAU V. S.

ITEM 2: film G153 5-8-53 LL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] New Orleans
STREET ADDRESS (If rural give location) [illegible] 1426 Toulouse St.

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) Tracy (Last) George

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 29, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Executive

10b. KIND OF BUSINESS OR INDUSTRY: Cotton Seed Refining

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Walker George

14. MOTHER'S MAIDEN NAME: Agnes Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 5yr+
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 5yr+

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to Apr 3, 1953, that I last saw the deceased alive on Apr 2, 1953, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W.W. Elgin, M.D. ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL Towson-4 Md DATE SIGNED 4/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 4/5/53 NAME OF CEMETERY OR CREMATORY Metarie Cem. LOCATION (City, town, or county) New Orleans, La. (State)

DATE REC'D BY LOCAL REGISTRAR April 4 1953 REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Wm. J. Pickney & Sons ADDRESS Balto 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03775

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. (Co.) MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3001 Willoughby Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto –; STREET ADDRESS (If rural, give location) 3001 Willoughby Rd.

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) Joseph (Last) Goette

4. DATE OF DEATH: (Month) APR (Day) 10 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: Mch 3 1892

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret - INTL. Bedding Co.

10b. KIND OF BUSINESS OR INDUSTRY: Upholstering

11. BIRTHPLACE (State or foreign country): Balto Co

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carl Goette

14. MOTHER'S MAIDEN NAME: Anna Neubauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-05-1731

17. INFORMANT AND ADDRESS: Mrs. ANNA L. Goette - Willoughby 3001

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X

Immediate cause (a) Multiple Sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c) Hypertension — Interval Between Onset and Death: 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 19 52, to Apr 10, 19 53, that I last saw the deceased alive on Apr 9, 19 53, and that death occurred at 6:25 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Carol Fisher ADDRESS 3422 Belair Rd. DATE SIGNED 4/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 4-13-53 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 4/13/53 | REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR L. J. Ruck ADDRESS 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) R#505 Tower Bldg. 14th Street, N. W.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) J. (Last) GOMILA
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8-28-95
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Louisiana
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jo Ho Gomila
14. MOTHER'S MAIDEN NAME: Anna Gistnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

581.0
Immediate cause (a) CIRRHOSIS OF LIVER — UNKNOWN
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21 53, to April 23, 19 53 and that death occurred at 6:45 AM, from the causes and on the date stated above.
WILLIAM B. VANDEGRIFT, M. D. (Degree or title) ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 4-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/28/53 NAME OF CEMETERY OR CREMATORY Woodlawn LOCATION (City, town, or county) (State) Coral Gables, Florida.
DATE REC'D BY LOCAL REGISTRAR 4/28/53 REGISTRAR'S SIGNATURE W. W. Hedrick
24. FUNERAL DIRECTOR Mildred T. Blight ADDRESS Howard Blight Funeral Home 6009 Harford Road, Baltimore 14, Maryland

Ship to; Philbrick Funeral Home Miami, Florida.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 Coleraine Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 311 Coleraine Road

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) O. (Last) Gosnell

4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 25, 1866

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months, Days
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lochner

14. MOTHER'S MAIDEN NAME: Louise Newport

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Nancy Kaiser (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

442 X

Immediate cause (a) Cerebral Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Advanced arteriosclerosis and hypertensive cardio-vascular disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to 14 April, 1953, that I last saw the deceased alive on 13 April, 1953, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emil H. Flemming Jr MD

ADDRESS 601 Winans Way (29)

DATE SIGNED 15 April 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4-17-53

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 4/16/53

REGISTRAR'S SIGNATURE V E. Harry

24. FUNERAL DIRECTOR Machabb & Son

ADDRESS Catonsville 28

APR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): one month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 2927 Windsor AVE

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) A. (Last) GREEN

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1953

5. SEX: M

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: October 3, 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRICKLAYER

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNK Frank A. Green

14. MOTHER'S MAIDEN NAME: UNK Blanche Keyser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — **(If Yes, give war or dates of service)**

16. SOCIAL SECURITY NO.: 216-07-3898

17. INFORMANT & ADDRESS: MRS FRANK GREEN 2927 Windsor AVE BALTO 16

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Pleural effusion — DUE TO — Interval between onset and death: 1 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic cardio-valvular disease — DUE TO — Interval between onset and death: Years

(c) Generalized arteriosclerosis — Interval between onset and death: Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16-, 19 53, to 4-20-53, 19....., that I last saw the deceased alive on 4-20-53, 19....., and that death occurred at 8:20 A.m., from the causes and on the date stated above

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital Catonsville 28, Md. DATE SIGNED 4-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 4-23-1953 — **NAME OF CEMETERY OR CREMATORY:** Loudon Park — **LOCATION (City, town, or county) (State):** Baltimore, Md.

DATE REC'D BY LOCAL REG.: 4/24/53 — **REGISTRAR'S SIGNATURE** [signature]

24. FUNERAL DIRECTOR — **ADDRESS:** G. Howard Strong 3207 W North Ave.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 1756 Stengel Ave.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) (Last) GROSS

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 29 1885

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Mueller

14. MOTHER'S MAIDEN NAME: Margaret Bohner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: George F. Gross 2495 Fairway, Dun. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

221K

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio Sclerosis — 3 years

(c) Obesity — 15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, 1951, to Apr 2, 1953, that I last saw the deceased alive on Apr 2, 1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Morris A. Jacobs M.D. 1010 North Point Road Apr 5-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4-6-53 | NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery | LOCATION (City, town, or county) (State): 7401 German Hill Rd., Md.

DATE REC'D BY LOCAL REG. 4/6/53 | REGISTRAR'S SIGNATURE: A. W. Bedwick M.D. | FUNERAL DIRECTOR: Charles D. Zeiler | ADDRESS: 901 S. Conkling St. Balto., 24, Md.

Wm. M. Jacobs
1040 Old Austin Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Daniels
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Daniels
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) HENRY (Last) GROVE

4. DATE OF DEATH: (Month) (Day) (Year) 4-7-53 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-17-1884

9. AGE Last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Day work

11. BIRTHPLACE (State or foreign country): White Hall Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Calvin Grove

14. MOTHER'S MAIDEN NAME: Vallie Waters

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 224-12-2814

17. INFORMANT & ADDRESS: Nannie Grove, Daniels, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cor Pulmonale	1 yr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Pulmonary Fibrosis	16 yrs
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to April 7, 1953, that I last saw the deceased alive on April 6, 1953, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE Jos. C. Gathorn. M.D. (Degree or title) ADDRESS Ellicott City Md. DATE SIGNED 4/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4-10-53

NAME OF CEMETERY OR CREMATORY Good Shepherd

LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR 4/12/53

REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 27 yrs. 5 mo 10 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1118 Battery Av.

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) G. (Last) Hall

4. DATE OF DEATH: (Month) Apr. (Day) 11 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct 5, 1882

9. AGE Last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist

10b. KIND OF BUSINESS OR INDUSTRY: Iron & Steel

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: Sewell Hall

14. MOTHER'S MAIDEN NAME: Eliz Hyde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): unk.

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S ADDRESS: Records Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
433.1 Immediate cause	(a) Cerebral hemorrhage	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis cardiovascular renal.	yrs.
	DUE TO (c) Generalized arteriosclerosis	yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on Apr. 11, 19 53 and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Ethel B. Herrmann-Brew M.D. Catonsville 28 Md 4-11-53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF 4/14/53 — NAME OF CEMETERY OR ~~CREMATORY~~ Lorraine — LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 4/13/53 — REGISTRAR'S SIGNATURE a w Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc. — ADDRESS 1217 St. Paul St.

Item 1c Film 184 3-3-54 sm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 62 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2338 Ivy Avenue

3. NAME OF DECEASED (Type or Print): (First) RUDOLPHUS (Middle) MARVIN (Last) HALL

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-7-16

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Glen Burnie, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Rudolph Hall

14. MOTHER'S MAIDEN NAME: Campsa Borley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) PARALYTIC ILEUS — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) QUADRIPLEGIA, POST TRAUMATIC — 9 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 12, 1953, to April 15, 1953, and that death occurred at 1:15 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. — ADDRESS — DATE SIGNED 4-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/18/53 — NAME OF CEMETERY OR CREMATORY: Mount Calvary Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4-16-53 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT.; LENGTH OF STAY (in this place) 26 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1123 H ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY BALTO; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT (19); STREET ADDRESS (If rural, give location) 1123 H ST.

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) FRANCIS (Last) HANLON

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: August 10, 1901

9. AGE last birthday: 51 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PIT FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID H.

14. MOTHER'S MAIDEN NAME: MARY A. GALLAGHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 213-07-9745

17. INFORMANT AND ADDRESS: Margaret A. Hanlon - Iowa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4/8/53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7/53 19..., to 4/8/53 19..., that I last saw the deceased alive on 4/7/53 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

107 N. Main St Pattersville St Thomas MD. 4/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 4-11-53

NAME OF CEMETERY OR CREMATORY: OAK LAWN

LOCATION (City, town, or county) (State): UNION, CO., Md

DATE REC'D BY LOCAL REG.: April 9-1953

REGISTRAR'S SIGNATURE: Hattie M Kelly

24. FUNERAL DIRECTOR: Liberty Brothers Funeral Service, Dundalk, Md

ADDRESS

Swanson Barber Inc

APR 10 1923
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Woodlawn
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2237 Southland Rd.
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 2237 Southland Rd.

3. NAME OF DECEASED: (Type or Print) (First) HENRIK (Middle) F. (Last) HANSSON

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Oct. 3, 1878

9. AGE Last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY Shipbuilding Dry Docks

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? Swed.

13. FATHER'S NAME: Olaus Hansson

14. MOTHER'S MAIDEN NAME: ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Irma R. Hansson-2237 Southland Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Myocardial infarction	sudden
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO coronary thrombosis	sudden
	(c) DUE TO arteriosclerotic cardiovascular disease	16 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ,1937, to April 12 1953, that I last saw the deceased alive on April 1., 1953, and that death occurred at about ....., from the causes and on the date stated above.

SIGNATURE Paul E. Cardenis (Degree or title) M.D 1 a.m on 4/12/53 ADDRESS 2247 South road DATE SIGNED 4/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/15/53 NAME OF CEMETERY OR CREMATORY Lorraine Cem. LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REGISTRAR 4/14/53 REGISTRAR'S SIGNATURE a w Hedrick JT

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17, Md.

VS. 415 1-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2½ mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location) unKnown

3. NAME OF DECEASED: (Type or Print) (First) Ira (Middle) Nathan (Last) Heaps

4. DATE OF DEATH: (Month) 4 (Day) 2 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: unKnown

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Heaps

14. MOTHER'S MAIDEN NAME: unKnown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unKnown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

42 - 1

Immediate cause (a) Cardiac Failure — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio-sclerotic Cardio-vascular disease — DUE TO — indeterminate

(c)

C02

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Central Nervous System Syphilis unKnown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1953, to April 2, 1953, that I last saw the deceased alive on April 2, 1953, and that death occurred at 11.45 p.m., from the causes and on the date stated above.

SIGNATURE Frederick S. Quiley (DEGREE OR TITLE) MD ADDRESS Spring Grove Hospital DATE SIGNED 4/2/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4-6-53 — NAME OF CEMETERY OR CREMATORY Emory — LOCATION (City, town, or county) (State) Harford Co. Md.

DATE REC'D BY LOCAL REG. 4/3/53 — REGISTRAR'S SIGNATURE V. E. Barry

24. FUNERAL DIRECTOR John H. Harbine — ADDRESS Delta Pa.

RECEIVED
APR 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15

1. PLACE OF DEATH: COUNTY: BALTIMORE; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE; LENGTH OF STAY (In this place): 26 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS: PIKESVILLE Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE; STREET ADDRESS (If rural, give location): PIKESVILLE Rd.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) HEMELT Sr.

4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 4-30-1884

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRINTER

10b. KIND OF BUSINESS OR INDUSTRY: FOR SELF

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM H. HEMELT

14. MOTHER'S MAIDEN NAME: ELIZABETH FLEISCHMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-01-7183

17. INFORMANT AND ADDRESS: RACHEL C. HEMELT - PIKESVILLE MD

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Chronic Myocarditis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	4 yrs
	(c) Arteriosclerosis	4 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fractured Rib - left side	1 yr ago

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): | (CITY OR TOWN): | (COUNTY): | (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19..., to Apr 12, 1953, that I last saw the deceased alive on Apr 11, 1953, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE: E E Nichols (Degree or title): MD ADDRESS: Pikesville 8 Md DATE SIGNED: Apr 13-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 4-15-53 | NAME OF CEMETERY OR CREMATORY: St. CHARLES | LOCATION (City, town, or county) (State): PIKESVILLE. Md

DATE REC'D BY LOCAL REG.: APR 13-53 | REGISTRAR'S SIGNATURE: Dr E E Nichols | 24. FUNERAL DIRECTOR: Frank H. Mueller - Pikesville Md ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Freeland. | LENGTH OF STAY (in this place) 50yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ruhl Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Freeland.
STREET ADDRESS (If rural give location) Ruhl Rd.

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) W. (Last) Hendrix

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1953.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Febr. 16, 1869 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Own home. | 11. BIRTHPLACE (State or foreign country): Maryland Line, Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John W. Hendrix | 14. MOTHER'S MAIDEN NAME: Jennie McCubbin.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Clarence Hendrix - Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral hemorrhage — DUE TO | Interval Between Onset And Death 5 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 4m , to ..2 hrs. 4., 19 53, that I last saw the deceased alive on April 4, 1953, and that death occurred at 8:15 P.M. from the causes and on the date stated above.

SIGNATURE J. M. Frame (Degree or title) MD | ADDRESS Parkton, Md. | DATE SIGNED 4-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF April 7, 1953 | NAME OF CEMETERY OR CREMATORY New Freedom Cemetery | LOCATION (City, town, or county) New Freedom, York Co. | (State) Pa.

DATE REC'D BY LOCAL REGISTRAR Apr 7 1953 | REGISTRAR'S SIGNATURE Ephesian L. Fenton | 24. FUNERAL DIRECTOR Jacob Harlenstein | ADDRESS New Freedom, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook Nursing Home Shady Nook & Frederick Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 703 Brookwood Rd.

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) C. Elizabeth (Last) Hofmann

4. DATE OF DEATH: (Month) April (Day) 19, (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 21, 1886

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christopher Hofmann

14. MOTHER'S MAIDEN NAME: Margaret Allers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Crosby Clift, 703 Brookwood Rd. Balto. 29, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

170X

Immediate cause (a) Cardio - Respiratory failure

Antecedent causes (s) Disesses or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Malnutrition, Senility & Hypatic

DUE TO (c) metastasis Colon Carcinoma

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death — S Rt breast

19a. DATE OF OPERATION: 1950 — 19b. MAJOR FINDINGS OF OPERATION: Adeno Carcinoma S Rt breast — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 ,19 ...., to 19 April, 1953, that I last saw the deceased alive on 19 Apr. 1953, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

SIGNATURE William J. Bryan M.D. (Degree or title) — ADDRESS 4605 Eastern Ave Baltimore, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 21/53 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 4/21/53 — REGISTRAR'S SIGNATURE A.W. Redmond DMR — 24. FUNERAL DIRECTOR Henry H. Wittke — ADDRESS 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 1715 Langley Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Holland

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 28-1875

9. AGE last birthday: 77 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Moulder

10b. KIND OF BUSINESS OR INDUSTRY: Iron, Ind.

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-16-4809

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	1 or 2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia	10 days
420.0	(c) Arteriosclerotic heart disease	several yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19.52, to 4/24, 19.53, that I last saw the deceased alive on 4/23, 19.53, and that death occurred at 5-6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Platt, M.D. 424 Eastern Ave. Essex, Md. 4/25/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-27-53 — NAME OF CEMETERY OR CREMATORY: Western Cemetery — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 4-27-53 — REGISTRAR'S SIGNATURE: Edith A. Thurlow — DATE 4-27-53

24. FUNERAL DIRECTOR — ADDRESS: Brady-Smith 1407 Eastern Ave Essex

Med. 9 A M

COPY SENT TO LOCAL REGISTRAR No.____DATE_____

RECEIVED
APR 28 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

B37301

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Tie correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Colgate/ Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto. Co. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
STREET ADDRESS (If rural, give location) 7528 Carroll Ave. Balto. Co. 22

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) H. (Last) House
4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec. 23, 1876
9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Balto. Brick Co.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) --- House
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---
(If year, give war or dates of service) ---
16. SOCIAL SECURITY NO.: 213-01-3632
17. INFORMANT: Mrs. Raymond Atkinson, 531 S. 48th. St. 24

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 6 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 10 years

(c) Atheromatous Changes — 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured Femur — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to Apr 4, 1953, that I last saw the deceased alive on Apr 4, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE Mrs. A. Jacobs (Degree or title) MD ADDRESS 1010 North Point Rd - Balto 24 DATE SIGNED Apr 6-1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: April 8/53
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 4/6/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Philip Howard Sons
ADDRESS: 2024 Orleans St

Dmc

51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03791

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Essex — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5600 Hamilton Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Essex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 5600 Hamilton Avenue

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) R. (Last) Humphrey

4. DATE OF DEATH: (Month) April (Day) 7th (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 28, 1900

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Public Authority

11. BIRTHPLACE (State or foreign country): Elkins, West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Humphrey

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Leona M. Humphrey, 5600 Hamilton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval between onset and death: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4-7 ....., 1953, to 4-7-53, 19....., that I last saw the deceased alive on 4-7 ....., 1953, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE: R. L. Friedy (Degree or title) ADDRESS: 5106 Harford Rd DATE SIGNED: 4-8-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-11-53

NAME OF CEMETERY OR CREMATORY: Norleand Mem. Park

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 4-11-53

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Leonard A. Fuck

ADDRESS: 5305 Harford Road.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8116 LONGPOINT Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 8116 LONGPOINT Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	WASHINGTON	IRELAND	4	6	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
MALE	WHITE	WIDOWED	6-16-1864	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	HOME BLDG.	NORTH CAROLINA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ARCHIBALD IRELAND	HOLLAND SPAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	NONE	MRS. JOSEPH S. GUIDZIADZ - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary atery disease ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to April, 1953, that I last saw the deceased alive on April 4, 1953, and that death occurred at 2:05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Pruod	M D	2 Goodwin Rd Dundalk Md	9/April

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4-9-53	MOOREHEAD	MOOREHEAD, N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 6 1953	William M Kelly	Watts Brooks Bradley	Dundalk, Md.

VS. A15

RECEIVED
APR
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13793

CERTIFICATE OF DEATH

Reg. Dist. No. 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617 N. Bend Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 617 N. Bend Rd

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) V. (Last) Jacobs

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5/5/1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeremiah J. Cunabaugh

14. MOTHER'S MAIDEN NAME: Josephine J. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Reifer D. Jacobs 617 N. Bend Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-Vascular Disease DUE TO

(c)

Interval Between Onset And Death: 1 hour / about 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to April, 1953, that I last saw the deceased alive on Feb. 9, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos. J. Gara M.D. 1 Mallow Hill Ave. 4/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/23/53 — NAME OF CEMETERY OR CREMATORY New Cathedral Cem. — LOCATION (City, town, or county) (State) 4300 Old Frederick Rd.

DATE REC'D BY LOCAL REGISTRAR 4/21/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John J. Govan & Son — ADDRESS Holbrook

VS. 420

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (in this place) 6 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2937 Manns Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; STREET ADDRESS (If rural, give location) 2937 Manns Ave.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) M. (Last) Jannett

4. DATE OF DEATH: (Month) April (Day) 5, (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 3-6-1891

9. AGE last birthday: 62 yrs. If under 1 year: Months; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tipper

10b. KIND OF BUSINESS OR INDUSTRY: Umbrella

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Schafer

14. MOTHER'S MAIDEN NAME: Elizabeth Yakel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-09-8394

17. INFORMANT: J. Wallace Jannett 2937 Manns Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
17/X	Immediate cause	(a) Metastatic growth to Respiratory System	1 mo.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of cervix and uterus	6 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) —

(COUNTY) —

(STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 19 Mar, 1953, to 5 April, 1953, that I last saw the deceased alive on 5 April, 1953, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John C Ostrom M.D. ADDRESS 520 Harford Rd Baltimore DATE SIGNED 9/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-8-53

NAME OF CEMETERY OR CREMATORY: Moreland Memorial

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 4-7-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: James S. Evans ADDRESS 8802 Harford Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4522

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Abbreviations: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): HELEN (illegible) JORDAN

2. DATE OF DEATH: April 29, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland — 3909 Edmondson Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

C. Length of stay in Baltimore: 6 — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): A. STATE: Maryland B. COUNTY: Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 5909 Edmondson Ave.

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 2-19-89

9. AGE (In years last birthday): 64 — If Under 1 Year: Months: Days — If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): practical nurse

10B. KIND OF BUSINESS OR INDUSTRY: general

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Wolf

14. MOTHER'S MAIDEN NAME: Sybilla Furiling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO: 169-12-3140

17. INFORMANT: Gilbert Jordan, Jr. ADDRESS: 5909 Edmondson Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction, anterior — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease — 10 yrs

DUE TO

(C)

19A. DATE OF OPERATION:

19B MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June —, 1952 *to* April 29, 1953 *that I last saw the deceased alive on* April 29, 1953 *and that death occurred at* 4:45 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: Ernest C. Mateer M. D.

23B. ADDRESS: 3623 Liberty Heights Ave

23C. DATE SIGNED: April 29, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify): burial

24B. DATE: May 2, 1953

24C. NAME OF CEMETERY OR CREMATORY: Sunset Memorial

24D. LOCATION (City, town, or county) (State): Philadelphia, Pa.

DATE RECEIVED BY LOCAL REGISTRAR: APR 30 1953

REGISTRAR'S SIGNATURE: Lester [illegible] Huntington Woods, Md.

25. FUNERAL DIRECTOR: G. Russell Thomas ADDRESS: 4204 Leeds Avenue

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Home for Aged

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [redacted] Catonsville
STREET ADDRESS (If rural give location) 315 Englewood Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Romer (Last) Jorss
4. DATE OF DEATH: (Month) April (Day) 19 (Year) 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 3, 1873
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? ?
10b. KIND OF BUSINESS OR INDUSTRY: ? ?
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Jorss
14. MOTHER'S MAIDEN NAME: Anna Elizabeth Romer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO.: ********
17. INFORMANT: Miss Irene Jorss-1505 Lockwood Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) High Blood Pressure — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate & Gland — Uncertain

19a. DATE OF OPERATION: no operation
19b. MAJOR FINDINGS OF OPERATION: no operation
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 53, to Apr. 19, 19 53, that I last saw the deceased alive on Apr 18, 19 53, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joshua H. Armacost M.D. ADDRESS 6819 Windsor Mill Rd Baltimore 7 Md DATE SIGNED 4-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/21/53
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 4-20-53
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Balto. St.

For HB Lewis

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: Reisterstown Rd
COUNTY Baltimore Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3rd Room above Reisterstown Rd Woodholme Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Balto COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Reisterstown Rd

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) J (Last) Justis

4. DATE OF DEATH: (Month) Apr (Day) 27 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Aug 9 1868

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ellicott City Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward N Snyder

14. MOTHER'S MAIDEN NAME: Melissa Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Calvin L Justis – Box 264 Pikesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 2 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Art. Sclerosis — 10 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 17th, 1953, to April 27th, 1953, that I last saw the deceased alive on April 27th 1953, and that death occurred at 10:40 A.m., from the causes and on the date stated above.

SIGNATURE James A. Miller (DEGREE OR TITLE) Dr. ADDRESS Pikesville-2, Md. DATE SIGNED 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Apr 30 1953

NAME OF CEMETERY OR CREMATORY London Park

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 4/28/53

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc

ADDRESS 1217 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING — TYPE OR WRITE IN INK. Supply every item of information carefully. The correct ... especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5338 ashburton rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 5338 ashburton rd

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Widowed	May 7 18[illegible]	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Joseph F Muzzlehiss 5338 ashburton rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find it and deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐ homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jos McKeffer M.D. Balto 1010 Leadenhall 4-23-53

CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 27 53	Holy Redeemer	Belair Rd Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 25 53	[illegible]	Chas Kochandas	703 McHenry

U.S. 41-A

RECEIVED
APR 2
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place) MARYLAND 7 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 904 OLMSTEAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTO; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE, MD; STREET ADDRESS (If rural, give location) 904 OLMSTEAD Rd.

3. NAME OF DECEASED (Type or Print): (First) Jeanne (Middle) Lee (Last) KAYLER

4. DATE OF DEATH: (Month) 4 (Day) 4 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: Aug 7-1951

9. AGE last birthday: 1 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ORVILLE KAYLER

14. MOTHER'S MAIDEN NAME: Elenor Lee Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: ORVILLE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary ATELECTASIS due to Mechanical

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Interference with Respiration

(c) due to Congenital Umbilical Hernia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE R V Fisher (Degree or title) MD ADDRESS 700 Fleet St Balto DATE SIGNED 4/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-6-51 | NAME OF CEMETERY OR CREMATORY Laurel Rides | LOCATION (City, town, or county) Pikesville & Md (State)

DATE REC'D BY LOCAL REG. 4/6/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Frank H Mowell-Pikesville Md ADDRESS

Dental

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. (19) | LENGTH OF STAY (in this place) 33
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2404 WOODRIDGE DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LODGE FOREST (SPARROWS PT. 19)
STREET ADDRESS (If rural, give location) 2404 WOODRIDGE DRIVE

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) LEE (Last) KERSHAW
DATE OF DEATH (Month) 4 (Day) 2 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 10 MAY 1891
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN W. A. KERSHAW
14. MOTHER'S MAIDEN NAME: AMELIA GARRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 213-07-7966
17. INFORMANT AND ADDRESS: MARGARET KERSHAW - WIDOW - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	1½ yrs
	(c) Carcinoma of Lung	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to April 2, 1953, that I last saw the deceased alive on April 2, 1953, and that death occurred at 10:50 P. m., from the causes and on the date stated above.

SIGNATURE: James G. Munro (Degree or title) M.D. ADDRESS 520 DST Sparrows Pt. 19 DATE SIGNED April 6

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-6-53
NAME OF CEMETERY OR CREMATORY: Woodland Mem. Pk.
LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG.: April 6-1953
REGISTRAR'S SIGNATURE: William M. Walker
24. FUNERAL DIRECTOR: Walker Brothers Bradley, Dundalk, Md.
Dawson Corbett Funeral Home

APR 10 19
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 1821 Dundalk Ave

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) O (Last) Krauk Sr

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 19 1885

9. AGE Last birthday: 67 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman Machine Shop

10b. KIND OF BUSINESS OR INDUSTRY: Bethsteel

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred A Krauk

14. MOTHER'S MAIDEN NAME: Mary Litzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Helen Krauk 1821 Dundalk Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	15 years
	(c) Arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to April 17, 1953, that I last saw the deceased alive on April 16, 1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Chas F. Tudrick MD | 33 Dundalk Ave Dundalk 22 Md | 4/20/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4/20/53 | NAME OF CEMETERY OR CREMATORY: Maryland Mem | LOCATION (City, town, or county) (State): Balto Co

DATE REC'D BY LOCAL REG.: 4/21/53 | REGISTRAR'S SIGNATURE: A. W. Frederick Deputy

24. FUNERAL DIRECTOR: Welsh Funeral Home | ADDRESS: 2112 Dundalk Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 6-51

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 W. Elm Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 113 W. Elm Ave

3. NAME OF DECEASED: (Type or Print) (First) Antonie (Middle) M. (Last) Kuehnel

4. DATE OF DEATH: (Month) (Day) (~~Year~~) 4/4/53 19 4 P.M.

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed

8. DATE OF BIRTH: OCT. 18, 1884

9. AGE last birthday: 68 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: PRIVATE

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Johann Gotthelf Ulrich

14. MOTHER'S MAIDEN NAME: Emilie Heffter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-30-4818

17. INFORMANT & ADDRESS: Walter Weber 113 W. Elm Ave. Overlea

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE	2 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) CEREBRAL ARTERIOSCLEROSIS	2 yrs +
DUE TO		
	(c) ~~t~~	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. MYOCARDIAL DEGENERATION — 6 mos. +

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 19 53, to 4/4, 19 53, that I last saw the deceased alive on 4/4, 19 53, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ruth Macher M.D. ADDRESS 6331 Belair Road (6) DATE SIGNED 4-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4/7/53

NAME OF CEMETERY OR CREMATORY Parkwood

LOCATION (City, town, or county) (State) Parkville Md.

DATE REC'D BY LOCAL REG. 4/7/53

REGISTRAR'S SIGNATURE Ralph Hamel

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St

Duplicate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0280

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL) OR TOWN ~~Baltimore~~ Glenarm Rural
LENGTH OF STAY (in this place) 39 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 603 Wilson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN - - - - - - Graceland Park ~~Balto. City~~ - - - -
STREET ADDRESS (If rural give location) 603 Wilson Ave

3. NAME OF DECEASED: (First) Esther (Middle) Kutean, or Kutean, or (Last) Kuja.
4. DATE OF DEATH: (Month) Apr. (Day) 3 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	white	Married	26 Mar. 1891	62 yrs.	- - -	- - -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Hungary	U.S.A.

13. FATHER'S NAME: ? Mr. Bush ?
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO.	- - -	- - - - -	Eli Cutean, 603 Wilson Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9
Immediate cause (a) Generalized Carcinomatosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Anemia
DUE TO
(c) Cachexia

Interval Between Onset And Death
2-3 years
Abt Known
2

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1953, to Apr 3, 1953, that I last saw the deceased alive on Apr 3, 1953, and that death occurred at Apr 3-1953 3.20 p m, from the causes and on the date stated above.

SIGNATURE Miria A. Jacobs (Degree or title)
ADDRESS 1010 North Point Rd
DATE SIGNED Apr. 4-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7 Apr. 1953
NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary
LOCATION (City, town, or county) (State) Old German Hill Road

DATE RECD BY LOCAL REGISTRAR 4/6/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS
Stephen J. Fialkowski Inc. 1000 S. Kenwood Ave.
Arthur W. Fialkowski Funeral Dir. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 1yr.11mos.26days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 701 Overbrook Road

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) Winters (Last) Kynast

4. DATE OF DEATH: (Month) April (Day) 22, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-24-1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Switzerland

12. CITIZEN OF WHAT COUNTRY? Unk. been in U.S. 60 yrs.

13. FATHER'S NAME: Unknown Winters

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.5

Immediate cause (a) Cardiac failure — Interval between onset and death: 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic heart disease — Years

DUE TO

(c) Generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3-, 1953, to 4-22-, 1953, that I last saw the deceased alive on 4-22-, 1953, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Edith B. Hermann-Green M.D.

ADDRESS Spring Grove State Hospital Catonsville 28, Maryland

DATE SIGNED 4-22-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4/25/53

NAME OF CEMETERY OR CREMATORY Western Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 4-25-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. J. Pickner & Sons

ADDRESS Balto 17, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) Norval (Middle) Stuart (Last) Lane
4. DATE OF DEATH (Month) (Day) (Year): April 12, 1953
5. SEX: ~~Female~~ Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 10, 1906
9. AGE last birthday: 46 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager of loan office
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Richard F. Lane
14. MOTHER'S MAIDEN NAME: Susan M. Travers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service) W.W.2
16. SOCIAL SECURITY NO.: 218-07-5732
17. INFORMANT AND ADDRESS: Elizabeth R. Lane, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris — Attack 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

420.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had heart trouble past year. Having milk attacks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-, 1953, to 4-12-, 1953, that I last saw the deceased alive on 4-12-, 1953, and that death occurred at 8:40p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Amos Y. Laffell M.D. Reisterstown Md 4-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April 15/53 | NAME OF CEMETERY OR CREMATORY: Louden Park | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 4-14-53 | REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 520 Windsor Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 520 Windsor Rd

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) C. (Last) Langkam
4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH: Sept 1-1881
9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Elec. Elec Co
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Langkam
14. MOTHER'S MAIDEN NAME: Sophie (unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Heart disease, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Unknown
	(c) Arteriosclerosis with coronary disease	14 yr +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin G. Hudson (Degree or title) M.D., D.M.E. ADDRESS Towson Md DATE SIGNED 4/29/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 2 1953 | NAME OF CEMETERY OR CREMATORY Parkwood | LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 5/1/53 | REGISTRAR'S SIGNATURE L a Wheeler

24. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 1717 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03806

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore/ Carney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2909 Summit Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore/ Carney
STREET ADDRESS (If rural, give location) 2909 Summit Avenue

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) C (Last) Leilich

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 24, 1884

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Atchison, Kansas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis F. Jager

14. MOTHER'S MAIDEN NAME: Margaret M. Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Joseph Boddiford, 2909 Summit

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 X

Immediate cause (a) Carcinoma of the gall bladder with metastasis to liver — Interval between onset and death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/12/51

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the gall bladder

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1 19 43, to 4/7 19 53, that I last saw the deceased alive on 4/7 19 53, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. 6217 Harford Rd 4.7.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-11-53

NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG.: 4/8/53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Leonard J. Ruck

ADDRESS: 5305 Harford Road.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. E. J. Alessi
6217 Harford Road
6-8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

805

(1)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 ... 51

1. PLACE OF DEATH:

COUNTY: BALTO. — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7 DUNMORE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MD. COUNTY: BALTO.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE

STREET ADDRESS (If rural, give location): 7 DUNMORE ROAD

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
AMELIA	HEIM	LEONARD	4	10	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	WIDOW	JULY 29, 1884	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): PENN.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JACOB KALCHTHALER

14. MOTHER'S MAIDEN NAME: KATHERINE VOGEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): —

(If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Martin - 7 Dunmore Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
442X Immediate cause	(a) Myocardial Insufficiency DUE TO	2 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chr. Hypertensive Cardio-Vascular Disease DUE TO	4 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8, 1944, to 4-10, 1953, that I last saw the deceased alive on 4-10, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE: Wilmer K. Gallagher — (DEGREE OR TITLE) ADDRESS: M.D. Catonsville 28, Md. — DATE SIGNED: 4/10/53

23. BURIAL, CREMATION REMOVAL (Specify): Interment — DATE THEREOF: 4-11-53 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cem — LOCATION (City, town, or county) (State): Pittsburgh Penn.

DATE REC'D BY LOCAL REG.: 4/11/53 — REGISTRAR'S SIGNATURE: Victor E. Harris

24. FUNERAL DIRECTOR: George A. Talley — ADDRESS: Catonsville, Md.

RECEIVED
APR 13 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Carney ~~Balto.~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney
LENGTH OF STAY (in this place) Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Satyr Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto. ~~Carney~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Satyr Hill Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Henry	Leonhardt	April	13th	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Oct. 4, 1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	—	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Leonhardt	Cornelia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Mrs. A. Barbara Leonhardt, Satyr Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X **Immediate cause** (a) Carcinoma, lungs with metastasis to liver — INTERVAL BETWEEN ONSET AND DEATH: 2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~to liver~~

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 17, 1953, to Apr. 13, 1953, that I last saw the deceased alive on Apr. 12, 1953, and that death occurred at 1.55P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. M. Bacon,	M. D.	2810 Taylor Ave.	Apr. 13-1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-16-53	Parkwood Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-13-53	G. M. Bacon	Leonard J. Ruck	Leonard J. Ruck, 5305 Harford Road

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Bacon

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton | LENGTH OF STAY (In this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Overbrook Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
STREET ADDRESS (If rural, give location) 8 Overbrook Road

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) H (Last) Lerch Jr.

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: 9/7/52

9. AGE last birthday: yrs. | If under 1 year: Months 7 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard H. Lerch

14. MOTHER'S MAIDEN NAME: Marie V. Logan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Richard H. Lerch 8 Overbrook Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation by strangulation, accidental — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Home | (CITY OR TOWN) Ruxton | (COUNTY) Baltimore | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 4 5 1953 7:15 PM | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Slipped thru lattice guard on side of bed lung.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin E. Hudson (Degree or title) M.D., D.M.E. ADDRESS Towson Md DATE SIGNED 4/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 4/6/53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR H. W. Meades and Son ADDRESS 505 N. Calvert St

Dmk.

2012-7145

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Essex — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 719 Harrison Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Essex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Box 89 Trumps Mill Road

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) G (Last) LONG

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 29, 1887

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Howard Co, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James De Vilbiss

14. MOTHER'S MAIDEN NAME: Agnes Knott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr. Roy P. Long, Box 89 Trumps Mill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332

Immediate cause (a) Cerebral thrombosis — 4 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral arteriosclerosis — 5 years

(c) Hypertensive Cardio-Vascular Disease — 5 year

(260X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1951, to April 12 1953, that I last saw the deceased alive on April 11, 1953 and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE: Henry L. Fuller — (Degree or title) MD — ADDRESS: Ridge Rd, Baltimore — DATE SIGNED: April 13 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-15-53 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 4/14/53 — REGISTRAR'S SIGNATURE: a w Hedrick

24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Road.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (In this place): 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 703 Avondale Road (south)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Issac (Middle) (Last) Lynch

4. DATE OF DEATH: (Month) (Day) (Year) 4-25-53 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out): Widowed

8. DATE OF BIRTH: 8-24-79

9. AGE last birthday: 73 yrs.
If under 1 year: Months; Days
If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not employed

10b. KIND OF BUSINESS OR INDUSTRY: Farming, Milling

11. BIRTHPLACE (State or foreign country): Halifax County, N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Lynch

14. MOTHER'S MAIDEN NAME: Alice Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Early Lynch, 703 Avondale Rd., south

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension + Arterio Sclerosis — Interval Between Onset and Death: unknown
(c)

331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 25 53, to 4/25/53, that I last saw the deceased alive on April 25 53, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE: J. H. Thomas M.D. (Degree or title) ADDRESS: 107 N. Main St Butt 22 DATE SIGNED: 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-30-53

NAME OF CEMETERY OR CREMATORY: Mt. Zion

LOCATION (City, town, or county) (State): Enfield, N. C.

DATE REC'D BY LOCAL REG.: 4/21/53

REGISTRAR'S SIGNATURE: a w Hedrick

24. FUNERAL DIRECTOR: Charles R. Law, 307 Main Street ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
MARYLAND
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Gambrills
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) ALFRED (Middle) (NMI) (Last) MACK

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-20-86

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West River, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alfred Mack

14. MOTHER'S MAIDEN NAME: Lula Adams

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, No or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ARTERIOSCLEROTIC VASCULAR DISEASE

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from April 9 1953, to April 12, 1953, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 4-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-15-1953

NAME OF CEMETERY OR CREMATORY: Davidsonville

LOCATION (City, town, or county) (State): Davidsonville, Md.

DATE REC'D BY LOCAL REGISTRAR: 4/14/53

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: William Reese Funeral Home 108 Washington Ave., Annapolis, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY ....

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk

STREET ADDRESS (If rural give location) 248 Patapsco Ave

3. NAME OF DECEASED: (Type or Print) (First) MARY CARMEN (Middle) (Last) Maiocco

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Female	White	Widowed	FEB. 5 1874	79	1	29		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Foggia Italy	U. S. A.

13. FATHER'S NAME: Vincenzo Minutelli

14. MOTHER'S MAIDEN NAME: Areangela Mascarelli

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no			FRANK MAIOCCO 248 Patapsco Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443X

(a) DUE TO: Heart Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO: Chronic Myocarditis

(c)

Interval Between Onset And Death: 10 minutes - years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 28 Aug 1952 to 4 Apr., 1953, that I last saw the deceased alive on 2 Mar 1953, and that death occurred at 4:30 PM; from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr A Morrison — ADDRESS M.D. 3 Kenship Rd. Dundalk Md. — DATE SIGNED 6 Apr. 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Burial	April 8 1953	St. Stanislaus	1300 Dundalk Ave	

DATE REC'D BY LOCAL REGISTRAR 4/7/53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS 322 S. High St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 149

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 75 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 923 N. Collington Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) MARSCHAT

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-2-90

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cigar Maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York, New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Anton Marschat

14. MOTHER'S MAIDEN NAME: Antoninette Miroski

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) UNIDENTIFIED TUMOR OF LUMBAR SPINE — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 28, 1953, to April 13, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) WILLIAM B. VANDEGRIFT, M. D. ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 4-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-15-1953 — NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4/15/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Cvach Funeral Home 900-02 N. Chester St. Baltimore, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 mo. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 946 W. Lombard Street

3. NAME OF DECEASED: (Type or Print) (First) Major (Middle) (Last) Masten

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 89 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unk.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443 X

Immediate cause (a) Cardiac failure — DUE TO — Interval Between Onset and Death: 4 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive cardio-vascular disease — DUE TO — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5, 1953, to 4-16, 1953, that I last saw the deceased alive on 4-16, 1953, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Neumann-Green MD

ADDRESS Spring Grove State Hospital Catonsville 28, Maryland

DATE SIGNED 4-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial 4-24-53

DATE THEREOF 4-24-53

NAME OF CEMETERY OR CREMATORY Spring Grove Hospital

LOCATION (City, town, or county) (State) Catonsville 28, Md.

DATE REC'D BY LOCAL REG. 4/24/53

REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR ADDRESS Spring Grove State Hospital

RECEIVED
APR
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Catonsville — LENGTH OF STAY (in this place) 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Hawthorne (Last) McCleary

4. DATE OF DEATH: (Month) Apr (Day) 2 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	wid.	9-28-1876	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Maryland	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
unk.	unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
unk.	unk.	Records Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420		
Immediate cause	(a) Cardiac failure	3 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	yrs.
	DUE TO (c) Generalized arteriosclerosis	yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 27, 1953, to Apr 2, 1953, that I last saw the deceased alive on Apr 2, 1953, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Herrmann-Green M.D. ADDRESS Spring Grove State Hosp. Catonsville 28 Md. DATE SIGNED Apr 2-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/6/53	Darlington Parish	Harlington Harford Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, ADDRESS
4/3/53	V E Harry	H. S. Bailey Darlington Md.

VS. A16 8-47

RECEIVED
APR 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-52

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1426 W. Fayette

3. NAME OF DECEASED: (Type or Print) (First) Gladys (Middle) L. (Last) McDaniel

4. DATE OF DEATH: (Month) April (Day) 24, (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: August 13, 1909

9. AGE last birthday: 43 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator

10b. KIND OF BUSINESS OR INDUSTRY: Stitching Machine - Bakery

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Matheny

14. MOTHER'S MAIDEN NAME: Ella unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Malnutrition and Exhaustion — Interval between onset and death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Schizophrenia — Interval between onset and death: indeterminate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 19 52, to April 24 19 53, that I last saw the deceased alive on April 24, 19 53, and that death occurred at 1:40 a m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frederick E. Phillips, MD Spring Grove Hosp 4/24/53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF 4/27/53
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/27/53
REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR: Wm. J. Pickner & Son
ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1808 Madison Avenue

3. NAME OF DECEASED (Type or Print): (First) WELLS (Middle) McKELLA (Last) McKELLEY

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-30-98

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Quitman, Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Olden McKelley McKella

14. MOTHER'S MAIDEN NAME: Anna Rhym

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 265-12-8013

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) CARCINOMA OF STOMACH — Interval Between Onset And Death: 1 YEAR

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22 19 53, to April 21, 1953, and that death occurred at 10:05 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 4-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 4/23/53
NAME OF CEMETERY OR CREMATORY: Macedonia Cemetery
LOCATION (City, town, or county) (State): Quitman, Georgia

DATE REC'D BY LOCAL REGISTRAR: 4/23/53
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Arlington S. Phillips
ADDRESS: 1808 N. Monroe Street Baltimore 17, Md.

SHIPPED TO Stevenson Funeral Home, Quitman, Georgia

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03819

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Catonsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House In The Pines, 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible].
STREET ADDRESS (If rural, give location) 69 N. Monastery Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) C. (Last) Medford
4. DATE OF DEATH: (Month) April (Day) 11, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1876
9. AGE last birthday: 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Recker
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Margaret Recker, 747 W. Cross St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 443X Apoplexy (b) Hypertension

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute coronary thrombosis due to Pneumonia (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec [illegible], 19[illegible], to April 11, 1953, that I last saw the deceased alive on April 11, 1953 and that death occurred at 7:13 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] 30 [illegible] Butler Road

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Apr. 15, 1953
NAME OF CEMETERY OR CREMATORY: New Cathedral
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 4/13/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR: Harry A. Wright
ADDRESS: 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44 — 53529

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
   LENGTH OF STAY (in this place): 18 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: A.A.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elvaton
   STREET ADDRESS (If rural give location): Box 295, Millersville P.O.

3. NAME OF DECEASED: (First) EDWARD (Middle) J. (Last) MEDLIN

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/7/92

9. AGE Last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mail carrier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Quincy, Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah

14. MOTHER'S MAIDEN NAME: Margaret McGrath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: CARCINOMA OF RIGHT LUNG WITH METASTASIS TO BRAIN.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 30, 1953, to April 17, 1953, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William B. VanDegrift, M.D. — ADDRESS: VAH, Fort Howard, Maryland — DATE SIGNED: 4/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-21-53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 4/21/53 — REGISTRAR'S SIGNATURE: D. E. Hedrick

24. FUNERAL DIRECTOR: Frederick Cole Funeral Home, — ADDRESS: 1913 W. Baltimore St., Baltimore, Md.

Items 3,8,9,16 Form 4 5/10/53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

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Y

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 (Rev. 1951)

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 3 mos. 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 5262 New Hampshire Ave.

3. NAME OF DECEASED: (Type or Print) (First) Raffaela (Middle) Anna Nerata (Last) Menges

4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 10-6-1879

9. AGE last birthday: 73 yrs. 54

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Norato

14. MOTHER'S MAIDEN NAME: Marie Angela Picco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Oct-14-0707

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
592.X Immediate cause	(a) Hypostatic pneumonia DUE TO cardiovascular Disease	yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic glomerulo nephritis DUE TO	yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Multiple cerebral accidents several yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1953, to Apr. 25, 1953, that I last saw the deceased alive on Apr. 24, 1953, and that death occurred at 1:13 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Louis Francis Hoodward M.D. Spring Grove State Hosp. Catonsville 28 Md. 4-25-53

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF 4 - 29 - 53
NAME OF CEMETERY OR CREMATORY Lansdale
LOCATION (City, town, or county) (State) Lansdale, Pa.

DATE REC'D BY LOCAL REG. 4/28/53
REGISTRAR'S SIGNATURE W E Harry

24. FUNERAL DIRECTOR ADDRESS
John O. Mitchell & Sons, Inc.-1900 Futaw Place Baltimore, Md.

HHT-1

RECEIVED
APR 30 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsons Point. | LENGTH OF STAY (in this place) 25
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7346 Loise ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural, give location) (Jones Creek).

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) ann (Last) Mills
4. DATE OF DEATH: (Month) April (Day) 12 (Year) 53
5. SEX: Fem.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Married.
8. DATE OF BIRTH: 9/18/89
9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Caroline Co. Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James D. Parks
14. MOTHER'S MAIDEN NAME: Fannie Ellen Fombe.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Vernon H. Mills (son).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4221 Immediate cause	(a) Coronary occlusion.	Minutes
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Renal disease	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 12, 53 8:30 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title): T. Mc Clarmont M.D. | ADDRESS: Deputy Medical Examiner Balto Co. Randall 22 Md | DATE SIGNED: 4/12/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Apr 15, 1953 | NAME OF CEMETERY OR CREMATORY: Oak Lawn | LOCATION (City, town, or county) (State): Colgate Md

DATE REC'D BY LOCAL REG. 4/12/53 | REGISTRAR'S SIGNATURE: A. K. Hedrick M.H.

24. FUNERAL DIRECTOR: Ullrich Funeral Home | ADDRESS: Glendale.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Balto-Lutherville MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Colledge Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 4339 Sheldon Ave

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) T. (Last) Molsberger

4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6/14/1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Publishing, Broadway

11. BIRTHPLACE (State or foreign country): Northeast Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Abbott

14. MOTHER'S MAIDEN NAME: Clara Brooks

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-24-6939

17. INFORMANT & ADDRESS: Bertha Kolishka 4339 Sheldon Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

152X

Immediate cause (a) ... DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

Carcinoma of colon

Interval Between Onset And Death: 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Apr, 1953, to 22 Apr, 1953, that I last saw the deceased alive on 17 Apr, 1953, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul H Royer M.D. ADDRESS Pikesville 8 Md DATE SIGNED 22 Apr 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/25/53 NAME OF CEMETERY OR CREMATORY Baltimore LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REGISTRAR 4/24/53 REGISTRAR'S SIGNATURE Mrs. Helen C.

24. FUNERAL DIRECTOR Philip Herwig Sons ADDRESS Orleans St. 2024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 8 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Maria (Last) Monaghan

4. DATE OF DEATH: (Month) Apr (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH Jan. 1, 1867

9. AGE last birthday: 86 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Monaghan

14. MOTHER'S MAIDEN NAME: Bridget O'Reily

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: (Records) Spring Grove State Hosp. Catonsville 28 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Cardiac Failure	over 8 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	yrs
	DUE TO (c) Senile atrophy arteriosclerosis	yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 11, 19 53, to Apr. 18, 19 53, that I last saw the deceased alive on Apr. 18, 19 53, and that death occurred at 10:25 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ethel B. Hermann Chief M.D. Spring Grove State Hosp. Catonsville 28 Md Apr 15 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Apr. 21, 1953

NAME OF CEMETERY OR CREMATORY Cathedral Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. Apr 21 53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS H. W. Meads & Son 805 N. Calvert St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Convalescent Home. Bay front Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk.
STREET ADDRESS (If rural, give location) 7046 Dunhill Rd.

3. NAME OF DECEASED: (Type or Print) (First) MILTON (Middle) OSCAR (Last) MUMPER

4. DATE OF DEATH: (Month) APR. (Day) 30. (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: FEB. 27. 1906

9. AGE last birthday: 47 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUILDER.

10b. KIND OF BUSINESS OR INDUSTRY: HOMES.

11. BIRTHPLACE (State or foreign country): Burnham. Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WARREN O. MUMPER.

14. MOTHER'S MAIDEN NAME: MARGARET SEBOLT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 213-07-8015

17. INFORMANT & ADDRESS: JAKIE MUMPER. address as in 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

179X

Immediate cause (a) Uremia – DUE TO — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Squamous cell carcinoma of penis with metastasis to whole pelvis DUE TO — 8 mo.
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 14. 1952

19b. MAJOR FINDINGS OF OPERATION: Squamous cell carcinoma of penis

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17, 1952 to Ap. 30, 1953, that I last saw the deceased alive on Ap. 30, 1953, and that death occurred at 10:27 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Louis N. Hollins M.D. 6908 North Point Rd Balto-19-Md. 4/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: MAY 4/1953
NAME OF CEMETERY OR CREMATORY: MORELAND PARK
LOCATION (City, town, or county) (State): PARKVILLE MD

DATE REC'D BY LOCAL REG. 5/4/53
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: ULLRICH FUNERAL HOME 2112 DUNDALK AV

VS/A16 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

LENGTH OF STAY (in this place): 1 month

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville

STREET ADDRESS (If rural, give location): Masonic Home

3. NAME OF DECEASED (Type or Print): (First) Norman (Middle) (Last) Munder

4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 12/26/67

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: self-employed

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Chas. F. Munder

14. MOTHER'S MAIDEN NAME: Priscilla Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Records Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic cardio-vascular dis.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/53, to 4/27/53, that I last saw the deceased alive on 4/27/53, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Joseph D. Luckenbaugh MD Spring Grove St. Hosp. Catonsville Md 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Apr 30 1953

NAME OF CEMETERY OR CREMATORY: Greenmount

LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 4/29/53

REGISTRAR'S SIGNATURE: A W Bedwell

24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc 1217 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]2

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills, Md.
MARYLAND
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk 22
STREET ADDRESS (If rural give location) 3405 Liberty Parkway

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) Bruce (Last) Nally

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12-26-48

9. AGE last birthday: 4 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Horace Lee Nally

14. MOTHER'S MAIDEN NAME: Charlotte May Woodhead

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Institution records - Rosewood Tr. School Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Broncho-pneumonia with — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cardiac failure
(c) Mongolism — congenital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epileptic and spastic quadriplegia — congenital

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20 ,19 53 , to 4-6 , 19 53, that I last saw the deceased alive on 4-6 , 19 53 , and that death occurred at 2:45 A.M., from the causes and on the date stated above.

SIGNATURE Viola B. Johns M.D. (Degree or title)
ADDRESS Rosewood State Training School
DATE SIGNED 4-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/9/53
NAME OF CEMETERY OR CREMATORY Parkwood Cem.
LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REGISTRAR 4-7-53
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Welch Funeral Home
ADDRESS 2112 Dundalk

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. NAME OF DECEASED (Type or Print): JOSEPH NARER

2. DATE OF DEATH: April 17, 1953

3. PLACE OF DEATH: A. Baltimore ~~City~~ Maryland County Hallthop

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3421 Washington Blvd.

C. Length of stay in ~~Baltimore~~ Life Yrs Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Baltimore~~ Halthop

D. STREET ADDRESS (If rural, give location): 3421 Washington Blvd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	Mar. 20, 1867	86		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman (rtd)

10B. KIND OF BUSINESS OR INDUSTRY: Abattoir

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christian Narer

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Margaret E. Narer - 3421 Washington ADDRESS Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

(B) Arteriosclerotic Cardiovascular disease — Yrs

DUE TO

(C)

422.1 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 19 57, *to* April 17 19 53 *that I last saw the deceased alive on* April 17 19 53, *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23A. SIGNATURE Dr. Wm. Kieffer M. D.

23B. ADDRESS 2470 Desoto Rd

23C. DATE SIGNED 4-20-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 4/20/53

24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: April 18 53

REGISTRAR'S SIGNATURE: Geo Kieffer

25. FUNERAL DIRECTOR: Wm. J. Pickner & Sons ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. IN RESERVED FOR BINDING correct age is especially important. Ins: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

806

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 6 mos. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 201 Oella Avenue

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Julia (Last) Niessner

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5-16-1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Unknown~~

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper - Home

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Greger

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Cardiac failure — Interval Between Onset and Death: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic heart disease — years

DUE TO

(c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20-, 1952, to 4-9-, 19 53, that I last saw the deceased alive on 4-9-, 19 53, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

SIGNATURE Ethel B. Hermann-Greene M.D. (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 4-9-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4-13-53

NAME OF CEMETERY OR CREMATORY Cathedral Cem.

LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 4/11/53

REGISTRAR'S SIGNATURE Victor E. Harry

24. FUNERAL DIRECTOR George A. Talley ADDRESS Catonsville, Md.

RECEIVED
APR 13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALDWIN
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALDWIN
STREET ADDRESS R.F.D. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) BRITTON (Last) NORRIS

4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: [illegible] yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COOK - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEHOLD HELP

11. BIRTHPLACE (State or foreign country): UPPER X ROAD, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHATMAN BRITTON

14. MOTHER'S MAIDEN NAME: JANE SEWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: CLARA VIRGINIA NORRIS BEASLEY, BALDWIN MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (Repeated) General Arteriosclerosis	18 yrs.
	(c) Diabetes Mellitus	19 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 7, 1952, to Apr. 7, 1953, that I last saw the deceased alive on 4/6, 1953, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson M.D. Fork Md. 4/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF April 10 53

NAME OF CEMETERY OR CREMATORY Mt Zion A.M.E. Cemetry

LOCATION (City, town, or county) (State) E LONGGREEN, MD.

DATE REC'D BY LOCAL REG. 4-[illegible]-53

REGISTRAR'S SIGNATURE Walter Hammett

24. FUNERAL DIRECTOR ADDRESS Joseph T Forten Bel Air Md

COPY SENT TO LOCAL LEGISLATORS ____ DATE ____

U.S. APR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03531

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Towson — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1712 White Oak Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Towson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1712 White Oak Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) K. (Last) O'Connor, Jr.

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 16, 1894

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elect. Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William K. O'Connor Sr.

14. MOTHER'S MAIDEN NAME: Gertrude Weems

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Margaret O'Connor, 1712 White Oak

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

a - 40

Immediate cause (a) Chronic Lymphatic Leukemia. — 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiectasis — 1 month

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1952, to April 7, 1953, that I last saw the deceased alive on April 7, 1953, and that death occurred at 7-15 P. m., from the causes and on the date stated above.

SIGNATURE E. Gill Hall (Degree or title) M D — ADDRESS 1631 E. North Ave — DATE SIGNED April 8-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 4-10-53 | NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4/9/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Leonard J. Ruck | ADDRESS Leonard J. Ruck, 5305 Harford Road

VS-1

Dr. Hall
1631 E. North ✓

8-9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: BALTO. | STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ARMACOST NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HALETHORPE
STREET ADDRESS (If rural, give location): 1701 WOODSIDE AVE.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) L. (Last) ORME

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: FEB 15, 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN A. BEAN

14. MOTHER'S MAIDEN NAME: MARGARET HATTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Louis O. Staley - 1701 Woodside Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443x

Immediate cause (a) Cerebral Thrombosis — DUE TO — Interval Between Onset and Death: 24 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension, Arteriosclerotic Cardio-Renal Vascular Disease — DUE TO — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1953, to April 26, 1953, that I last saw the deceased alive on April 26, 1953, and that death occurred at 2 20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Michaels F. Donahue M.D. ADDRESS 2501 York Rd Towson DATE SIGNED 4/29/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4-29-53 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REG.: May 1, 1953 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS: George A. Farley - Catonsville

RECEIVED
MAY 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colgate
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: B - 4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colgate
STREET ADDRESS (If rural, give location): 7531 Eastern Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	Daniel	Paderson	April 9 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	white	married	Sept 1 1877	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chipper	Tool Co	Pa	

13. FATHER'S NAME: John H Paderson
14. MOTHER'S MAIDEN NAME: Martha A Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Anna Paderson 7531 Eastern Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
157 Immediate cause (a) Generalized Carcinomatosis	18 Months
Antecedent cause(s) (b) Carcinoma of head of Pancreas	dont know
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Coronary disease	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-Sclerosis - Hypertension	5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1940, to April 9, 1953, that I last saw the deceased alive on Apr 9, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: Morris A. Jacobs (Degree or title): MD ADDRESS: 1010 North Point Rd DATE SIGNED: Apr. 10-1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 13/53	Oak Lawn Cem	Balto Co

DATE REC'D BY LOCAL REG.: April 13-1953
REGISTRAR'S SIGNATURE: William M. Kelly
24. FUNERAL DIRECTOR / ADDRESS: Ulrich Funeral Home 2112 Dundalk Ave

Duncan Parker Frame

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03834

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 Forrest View Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural, give location) 106 Forrest View Ave

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) M. (Last) Pannier

4. DATE OF DEATH: (Month) April (Day) 22nd (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) Married

8. DATE OF BIRTH: 2/2/1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Bradford Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jerome Berger

14. MOTHER'S MAIDEN NAME: Annie Coffie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Herbert H. Pannier 106 Forrest View Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis with Myo Cardial Infarct

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.46., to April 22, 19.53; that I last saw the deceased alive on 21 April, 1953, and that death occurred at 3.45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James E. White M.D. 5214 Harford Rd 24 April 53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF 4/25/53 — NAME OF CEMETERY OR ~~CREMATORY~~ Balto. — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 4-24-53 — REGISTRAR'S SIGNATURE Edward Lamm M.D.

24. FUNERAL DIRECTOR Wm Cook Inc. — ADDRESS 1217 St. Paul St.

3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1264 Vogt Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural give location) 1264 Vogt Ave.

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) Paul (Last)

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Nov: 16: 1879

9. AGE Last birthday: 73 yrs. If UNDER 1 YEAR Months Days; If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ticket-Taker

10b. KIND OF BUSINESS OR INDUSTRY: Movie House

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick S. Paul

14. MOTHER'S MAIDEN NAME: Marie Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---------

16. SOCIAL SECURITY No.: 216-24-8137

17. INFORMANT & ADDRESS: Iva A. Browning..1264 Vogt Ave. Arbutus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Congestive heart failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease

DUE TO

(c)

Interval Between Onset And Death: ? yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer; bilateral inguinal hernias

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 53 to April 23, 19 53 that I last saw the deceased alive on April 23, 19 53, and that death occurred at 1:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert J. Luckas M.D. ADDRESS 5305 East Drive DATE SIGNED 4/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF April 27-53 — NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY — LOCATION (City, town, or county) (State) BALTIMORE MARYLAND

DATE REC'D BY LOCAL REGISTRAR 4/27/53 — REGISTRAR'S SIGNATURE A W Heine

24. FUNERAL DIRECTOR ADDRESS F. B. Wippert & Son

F.B.WIPPERT & SON 1300 EUTAW PL.17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4320 Highview Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Bal
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural give location) 4320 HIGHVIEW AVE

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) S. (Last) PRESTI
4. DATE OF DEATH: (Month) APRIL (Day) 22 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUGUST 5 1892
9. AGE last birthday: 60 yrs. If under 1 year: Months 8 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): CEFALU' SICILY ITALY
12. CITIZEN OF WHAT COUNTRY? ITALY

13. FATHER'S NAME: BARTOLO CRIVELLO
14. MOTHER'S MAIDEN NAME: ROSE SCALCO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: SAM A. PRESTI 4320 HIGHVIEW Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1/2 hour?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic Colitis — 10 yrs.?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1943, to April 22, 1953 that I last saw the deceased alive on Oct, 1952, and that death occurred at 5:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Earl Pass, M.D. 4001 Wilkens Ave 4-22-53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: APRIL 25/53
NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEMETRY
LOCATION (City, town, or county) (State): 4430 Belair Rd. Baltimore Md.

DATE REC'D BY LOCAL REG. 4-23-53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Frank Gallagher ADDRESS: 322 S. High ST.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1935 Herbert Street

3. NAME OF DECEASED (Type or Print): (First) BERLIE (Middle) A. (Last) PRESTON

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-27-19

9. AGE Last birthday: 34 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Post Office Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Orangeburg, S. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Carrie (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) RUPTURE OF CONGENITAL ANEURYSM, LEFT ANTERIOR — Interval Between Onset And Death: 2 DAYS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO CEREBRAL ARTERY
(b) DUE TO
(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 19 53 to April 25, 19 53, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

(Degree or title) WILLIAM B. VANDEGRIFT, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 4-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/29/53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: 4/28/53 — REGISTRAR'S SIGNATURE: C. V. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 5-51

1. PLACE OF DEATH:
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville, Md. LENGTH OF STAY (in this place) 3 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, Md.
STREET ADDRESS (If rural, give location) 3 Hillside Ave.

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Russell (Last) Proctor

4. DATE OF DEATH: (Month) April (Day) 2, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: April 21, 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Customs, Treasury Dept.

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: David Gill Proctor

14. MOTHER'S MAIDEN NAME: Hannah Anna Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Kenneth C Proctor, Cockeysville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953 to April 2 1953, that I last saw the deceased alive on April 2 1953, and that death occurred at 2 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Walter T. Reese M.D. Cockeysville, Md. 2 April 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF April 4, 1953

NAME OF CEMETERY OR CREMATORY Sherwood Church Cemetery

LOCATION (City, town, or county) (State) Cockeysville, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 6 April 1953

REGISTRAR'S SIGNATURE Anne Armistead MacRae

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 28 Ridge Road.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) A. (Last) Pundt
4. DATE OF DEATH: (Month) 4 (Day) 16 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widower	Aug 3, 1881	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman - Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Meat Packing
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Pundt
14. MOTHER'S MAIDEN NAME: Dorothea —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-01-913A
17. INFORMANT: Mrs. Genevieve Hamler - 28 Ridge Road.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. W. Kieffer Md Attended. Dr. Balto Co. 1010 Leadenhall 4-16-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-20-53	Cathedral Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/18/53	V. E. Harry	George A. Foley	Catonsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 21
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 4105 Roland Ave.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) BARTLESON (Last) RECKORD
4. DATE OF DEATH: (Month) April (Day) 11, (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: April 12, 1867
9. AGE Last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William D. Bartleson
14. MOTHER'S MAIDEN NAME: Carolyn Twining

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Daniel L. Senft - 4105 Roland Ave.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) CEREBRAL THROMBOSIS	1 week
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) ARTERIOSCLEROSIS	15 yrs
(174X)	DUE TO (c) SENILITY	15 yrs
11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	CARCINOMA OF UTERUS.	1 year

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 19 52, to April 11, 19 53, that I last saw the deceased alive on April 8, 19 53, and that death occurred at 5:30 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) A. L. Chilcoat M.D.
ADDRESS 6710 York Rd
DATE SIGNED April 13 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/16/53
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) (State) Pikesville, Md.
DATE REC'D BY LOCAL REGISTRAR 4/14/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Pickney & Sons
ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Forge Rd. Fullerton P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) Forge Rd. Fullerton P.O.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
August	R.	Reichert	April	25	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	married	May 6-1884	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Farmer	own Farm	Balto Co Md	U S A

13. FATHER'S NAME: Phillip Reichert

14. MOTHER'S MAIDEN NAME: Katherine Schroeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs August R. Reichert Forge Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart failure	3 wks.
Antecedent cause(s)	(b) Fibrinogenemia	1 yr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Ch. Poly Arthritis	3 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/18, 1953, to 4/25, 1953, that I last saw the deceased alive on 4/25, 1953, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford Reed, M.D. Parkville, Md. 4/29/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/28/53	St Michaels Luth Cem	Balto Md

DATE REC'D BY LOCAL REG. 4/27/53 REGISTRAR'S SIGNATURE V. M. Hammett

24. FUNERAL DIRECTOR ADDRESS: Lassahn Funeral Home 7401 Belair Rd

RECEIVED
MAY 6 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place) 30yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3313 Washington Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE; STREET ADDRESS (If rural give location) 3313 WASHINGTON BLVD.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) REMEIKIS

4. DATE OF DEATH: (Month) APRIL (Day) 8 (Year) 1953.

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: APRIL 14, 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COAT-MAKER

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED (TAYLOR)

11. BIRTHPLACE (State or foreign country): LITHUANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of)

16. SOCIAL SECURITY NO. 215-01-5384

17. INFORMANT: HELEN REMEIKIS 3313 WASHINGTON BLVD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ACUTE CORONARY OCCLUSION — Interval between onset and death: MINUTES

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIOVASCULAR DISEASE — YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS — YEARS

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 3, 1953, to April 3, 1953, that I last saw the deceased alive on APRIL 3, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henrikas Armanavicius, M.D. 1311 W. Lombard St. Balto 23, Md. 4/10/53.

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE THEREOF: APRIL 11, 1953 | NAME OF CEMETERY OR CREMATORY: MOST HOLY REDEEMER | LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND.

DATE REC'D BY LOCAL REG.: April 11, 1953 | REGISTRAR'S SIGNATURE: R.W. | 24. FUNERAL DIRECTOR ADDRESS: Charles W. Kachauskas 703 McHENRY ST.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitehall | LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitehall
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Ritzmann

4. DATE OF DEATH: (Month) Apr. (Day) 17 (Year) 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 27, 1910

9. AGE last birthday: 42 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Paper mill

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Ritzmann

14. MOTHER'S MAIDEN NAME: Catherine Strietmatter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 216-07-8774

17. INFORMANT AND ADDRESS: Mrs Dagmar Ritzmann, Whitehall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420,1 **Immediate cause** (a) Coronary occlusion

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ✓, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. France M.D. Parkton Md. 4/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-20-53 | NAME OF CEMETERY OR CREMATORY Wiesburg Methodist | LOCATION (City, town or county) Whitehall, Md. (State)

DATE REC'D BY LOCAL REG. 4-20-53 | REGISTRAR'S SIGNATURE M. Elizabeth Branch | 24. FUNERAL DIRECTOR J. Scott Brooks | ADDRESS Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) A (Last) Radwitch

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 23-1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 9 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Radwitch

14. MOTHER'S MAIDEN NAME: Elizabeth Krafft.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: May Radwitch Lutherville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Chronic Arteriosclerotic Cardio-Vascular Dis.

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Renal disease

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4427 — 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. — no

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1953, to April 6, 1953, that I last saw the deceased alive on April 6, 1953, and that death occurred at 4:20 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James H. Tuttle M.D. — 422 E. ~~York~~ Lee St. Baltimore 21, Md. — 4/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4/10/53

NAME OF CEMETERY OR CREMATORY: Holy Redeemer

LOCATION (City, town, or county) (State): Belair Rd. Md.

DATE REC'D BY LOCAL REG. 4/8/53

REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: John F. Connelly. ADDRESS: 418 Eastern Ave Balto. 21, Md.

VS. A15 [illegible]

APR 13 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 1009 Frederick Rd.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) S. (Last) RUPPERSBERGER
4. DATE OF DEATH: (Month) April (Day) 11, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single--	July 31, 1873	79 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): never worked
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gustav H. Ruppersberger
14. MOTHER'S MAIDEN NAME: Mary C. Schaefer

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) -
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT & ADDRESS: Miss K. Lotta Ruppersberger - 1009 Frederick Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 3 months

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic hypertensive cardiovascular disease — 4-5 yrs +
DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Feb, 1953, to 11 April, 1953, that I last saw the deceased alive on 11 April, 1953, and that death occurred at 9.00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John A. Herbst, J. M.D. 1118 St. Paul St. Balt. 2, Md April 13, 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/14/53
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECD BY LOCAL REGISTRAR: 4/14/53
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: Wm. J. Dickner & Sons
ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 46

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanscomville
LENGTH OF STAY (in this place) Visiting
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Adah (Middle) — (Last) Leroy

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Nov. 12, 1903

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11 BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Preston Snowden

14. MOTHER'S MAIDEN NAME: Ellen Parks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Louis Leroy - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 1 hour

422.1
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio Vascular Disease
DUE TO
(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12/1953, to 4/12/1953 that I last saw the deceased alive on 4/12/1953, and that death occurred at 2:30 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Wm. E. Martin, M.D. ADDRESS Randallstown Md DATE SIGNED 4/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-15-53
NAME OF CEMETERY OR CREMATORY Johnsville
LOCATION (City, town, or county) (State) N. Sykesville, Md.

DATE RECD BY LOCAL REGISTRAR April 14, 1953
REGISTRAR'S SIGNATURE Wm. E. Martin
24. FUNERAL DIRECTOR Allen & Haight ADDRESS Sykesville, Md.
Funeral Director Allen & Haight

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. NAME OF DECEASED (Type or Print): Louis P Scheide

2. DATE OF DEATH: April 1 1953

3. PLACE OF DEATH: A Baltimore City, Maryland 6469 Blenheim

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: BALTIMORE
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6469 Blenheim Road

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore: Yrs. Life; Mos.; Days 6

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: April 11876
9. AGE (In years last birthday): 77
If Under 1 Year: Months; Days
If Under 24 Hours: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Linker & Dueller Co
10B. KIND OF BUSINESS OR INDUSTRY: printer
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis P Scheide
14. MOTHER'S MAIDEN NAME: Louise Pencil

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: James Scheide 6001 Pinehurst Ave ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ch. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO 422.1

(B) Arterio-Sclerosis

DUE TO Senility

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* April 1, 1953, *that I last saw the deceased alive on* 3/31, 1953, *and that death occurred at* 8:15 a m., *from the causes and on the date stated above.*

23A. SIGNATURE: H S Harding M. D.
23B. ADDRESS: 3805 Belair Rd
23C. DATE SIGNED: April 3/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Apr 4, 1953
24C. NAME OF CEMETERY OR CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: April 4 1953
REGISTRAR'S SIGNATURE: R W
25. FUNERAL DIRECTOR: Ulrich Funeral Home ADDRESS: 2008 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNG INK. Every item of information should be carefully supplied. T correct age is especially important. ns: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 4 mos. 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Nursing Home

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) (Last) Schek

4. DATE OF DEATH: (Month) April (Day) 23, (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Unknown	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Maryland	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 **Immediate cause**	(a) Cardiac failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO	(b) Arteriosclerotic heart disease	Years
DUE TO	(c) Generalized arteriosclerosis	Years
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral hemorrhage	1 week

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5-, 19 52, to 4-23-, 19 53, that I last saw the deceased alive on 4-23-, 19 53, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Ethel B Herrmann	Green MD	Spring Grove State Hospital Catonsville 28, Maryland	4-23-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4-27-53	Loudon PARK	BALTIMORE, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/23/53	V.E. Harry	George L. Schwab	101 Frederick Ave Balto., Md.

VS. A15

RECEIVED
APR 27 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03544

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk, rural Baltimore | LENGTH OF STAY (in this place) 63 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7355 Manchester Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk - rural Balto.
STREET ADDRESS (If rural, give location) 7355 Manchester Road

3. NAME OF DECEASED (Type or Print): (First) AMELIA (Middle) (Last) SCHLIESKY

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Jan. 21, 1868

9. AGE last birthday: 85 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: August Raduhn

14. MOTHER'S MAIDEN NAME: Mary Raets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Emil Flugrad - 1355 Manchester Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — Interval between onset and death: 15 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC C.V. DISEASE

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 49, to April 18, 19 53, that I last saw the deceased alive on April 17, 19 53, and that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen C. Mackowiak M.D. ADDRESS 6714 Holabird Ave DATE SIGNED April 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: 4/21/53 | NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/21/53 | REGISTRAR'S SIGNATURE A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR ADDRESS: HENRY SANDER & SONS, INC. BALTO., 13, MD. Geo. F. Sander

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05

1. PLACE OF DEATH: COUNTY BALTIMORE; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX; STREET ADDRESS (If rural, give location) Box 488 TURKEY PT. Rd.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) E (Last) SCHMIDT

4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 4/7/1888

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: SEMMLER

14. MOTHER'S MAIDEN NAME: GRUNEWALD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: C.F. SCHMIDT Box 488 TURKEY PT RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atherosclerotic Vascular Disease	10 years
	(c) Hypertension	15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — 1 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1952, to April 14, 1953, that I last saw the deceased alive on Apr 14, 1953, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE: Morris A. Jacobs (Degree or title) MD ADDRESS 1010 North Rt Road DATE SIGNED 4/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 4/17/53; NAME OF CEMETERY OR CREMATORY: OAKLAWN; LOCATION (City, town, or county) (State): BALTIMORE MD

DATE REC'D BY LOCAL REG.: 4/16/53; REGISTRAR'S SIGNATURE: A. J. Bodine

24. FUNERAL DIRECTOR: Blume & Hoffman; ADDRESS: 1639 Broadway

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 44

VS. A15 (7) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 46 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural give location): 114 3rd Avenue, S. W.

3. NAME OF DECEASED: (First) AUGUST (Middle) (NMI) (Last) SCHNAPPINGER
4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-3-92
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Advertising Agent (ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Balto. News Post
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: August Schnappinger
14. MOTHER'S MAIDEN NAME: Clara Schoor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

179X

Immediate cause (a) SQUAMOUS CELL CARCINOMA OF PENIS WITH METASTASIS — Interval Between Onset And Death: 2 YEARS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from March 7, 1953, to April 22, 1953, [redacted] and that death occurred at 6:45 AM, from the causes and on the date stated above.

SIGNATURE: Joseph M. Miller (Degree or title) ADDRESS: JOSEPH M. MILLER, M. D. Chief, Surgical Service, VAH, Fort Howard, Md. DATE SIGNED: 4-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 25, 1953
NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR: 4/25/53
REGISTRAR'S SIGNATURE: Dawsond. Farles
24. FUNERAL DIRECTOR ADDRESS: Thomas Singleton Funeral Home, 200 Crain Highway, Glen Burnie, Maryland

RECEIVED
APR 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Glen Arm (Baltimore) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Glen Arm.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Harford Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Mollie K. (Last) Schnider

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 4. 1883

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Schnider

14. MOTHER'S MAIDEN NAME: Mary Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Glen Arm., Md. Mrs. Hattie Neuhauser, Harford Road.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Congestive Heart Failure	1 Month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Secondary Carcinoma of Lung & Pleura.	3 Mos.
(c)	Carcinoma of Right Breast	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Rt. Breast

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED ~~While at Work~~ ☐ ~~Not While At work~~ ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1953, to 4/2, 1953, that I last saw the deceased alive on 4/1, 1953, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lloyd F. Hudson, M.D. ADDRESS Fork Md. DATE SIGNED 4/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-6-53

NAME OF CEMETERY OR CREMATORY: Menonite Cemetery

LOCATION (City, town, or county) (State): Fork, Maryland

DATE REC'D BY LOCAL REG.: April 4 1953

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Leonard J. Ruck

ADDRESS: 5305 Harford Road.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3845 Monterey Road

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) M. (Last) SCHULTZ

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-15-96

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Works for State Roads Commission

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Schultz

14. MOTHER'S MAIDEN NAME: Carrie Gosnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I & II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ...

DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 19 53, to April 7, 19 53, and that death occurred at 10:53 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): FRANCIS G. DICKEY, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD.

DATE SIGNED: 4-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-11-53

NAME OF CEMETERY OR CREMATORY: St. Thomas's Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: 4/11/53

REGISTRAR'S SIGNATURE: [signature] Clerk

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03854

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor — LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1403 Dorchester Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor
STREET ADDRESS (If rural, give location) 1403 Dorchester Rd.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Earl (Last) Schulz

4. DATE OF DEATH: (Month) April (Day) 3/53 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 6, 1907

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Morris Eng. Co.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry A. Schulz Sr.

14. MOTHER'S MAIDEN NAME: Nettie Dodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215 05 4148

17. INFORMANT AND ADDRESS: Mrs. Ethel V. Schulz, 1403 Dorchester Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4/2/

Immediate cause (a) Myocardial infarction — Interval between onset and death: 3 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Coronary Occlusion — 3 hrs

(c) Coronary Sclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3, 1953, to 4-3, 1953, that I last saw the deceased alive on 4-3, 1953, and that death occurred at 2 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen Lee Maguess MD Catonsville 78, Md 4-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 7/53 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 4/5/53 — REGISTRAR'S SIGNATURE: C E Harris

24. FUNERAL DIRECTOR: Harry A. Kirby & Co — ADDRESS: 4101 Edmondson Ave.

Mr. Stephen Lee [illegible]
108 Frederick St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 55

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: VAH, Fort Howard, Md.
LENGTH OF STAY (in this place): 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft.Howard, Md.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 517 N. Parrish Street

3. NAME OF DECEASED: (Type or Print) (First) MATTHEW (Middle) H (Last) SCOTT
4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-6-92
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.
11. BIRTHPLACE (State or foreign country): Newport News, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jam[illegible] Scott
14. MOTHER'S MAIDEN NAME: Lucy Terry

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 212 10 1608
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) CARCINOMA OF RIGHT ANTRUM WITH METASTASIS.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)
Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 10/8/52
19b. MAJOR FINDINGS OF OPERATION: Radical resection of carcinoma of palate and right antrum. Tracheostomy; Ligation of external carotid artery, right.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY: VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar.19.,19...53 to April..3.., 1953, that I [illegible] and that death occurred at ...9:30.. P.M. from the causes and on the date stated above.
SIGNATURE: M. N. JENSEN, M.D.
(Degree or title)
ADDRESS: VAH, Fort Howard, Md.
DATE SIGNED: 4/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-7-53
NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR: 4/6/53
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Charles Cooper Funeral Home, 512 N. Carrollton Ave., Baltimore 23, Md.
ADDRESS: Charles S. Cooper

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Balto | MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rural - Pikesville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smith Ave Box #9

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Pikesville
STREET ADDRESS (If rural, give location) Smith Ave P.O. Bx #9

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) A. (Last) Shaneybrook
4. DATE OF DEATH: (Month) April (Day) 14th (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (STRIKE OUT WORDS NOT APPLICABLE)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	8/8/1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Port Deposit Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Townsend Currier
14. MOTHER'S MAIDEN NAME: Mary Ann Moon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Clarence Shaneybrook Smith Ave Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) ACUTE CONGESTIVE HEART FAILURE	
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	
	DUE TO	
	(c) GENERALIZED ARTERIOSCLEROSIS	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1952, to 4/14, 1953, that I last saw the deceased alive on 4/14, 1953, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Samuel P. Scalia, M.D. 1004 Reisterstown Road Pikesville 4/14/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 4/14/53
NAME OF CEMETERY OR CREMATORY Nisky Hill
LOCATION (City, town, or county) (State) Bethlehem Pa.

DATE REC'D BY LOCAL REG. 4/14/53
REGISTRAR'S SIGNATURE a w Schmick
24. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. 15

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 446 Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex

STREET ADDRESS (If rural, give location) 446 Eastern ave.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
William E. Shunk	April 5th 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	W.	Widowed	Sept. 9-1864	88 yrs.	6	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	retired farm owner	Balto. Co.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jacob N. Shunk	Virginia Hollo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Jay P. Shunk Harlington, del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Arterio-sclerotic Cardio-Vascular Disease	2 yrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July, 1952, to April 5, 1953, that I last saw the deceased alive on April 5, 1953, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Frances J. Smith	M.D.	4228 Harford Ave. Baltimore 14, Md.	4/6/53

23. BURIAL, CREMATION OR REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/8/53	Parkwood Cem.	Taylor Ave. Parkville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/8/53	Earl Hurley	Thos. S. Connelly	Essex Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 821 Aisquith Street

3. NAME OF DECEASED: (First) JACK (Middle) C. (Last) SILVA
4. DATE OF DEATH: (Month) April (Day) 13 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 4-29-97
9. AGE Last birthday: 55 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Seaman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Portugal
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Francis Silva
14. MOTHER'S MAIDEN NAME: Eugenia (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) INFARCT OF BRAIN STEM AND RIGHT CEREBELLUM — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10 53, to April 13, 19 53, and that death occurred at 11:25 PM, from the causes and on the date stated above.

William B. Vandegrift, M.D. (Degree or title)
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 4-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/17/53
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4-16-53
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe Street, Baltimore 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 "5144

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 251 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: AA.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
STREET ADDRESS (If rural give location): Box 883, Weems Creek

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W. (Last) SKOCH

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-4-73

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: U.S.N. Ret.

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Skoch

14. MOTHER'S MAIDEN NAME: Barbara (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): SAW

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) CARCINOMA OF PROSTATE — Interval Between Onset And Death: 2½ YEARS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-6-51, 6-11-51

19b. MAJOR FINDINGS OF OPERATION: Bilateral orchidectomy, Transurethral prostatic resection

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work [ ] Not While At Work [ ] — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 13, 1952, to April 21, 1953, and that death occurred at 9:32 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 4-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-24-53 — NAME OF CEMETERY OR CREMATORY: National — LOCATION (City, town, or county) (State): Annapolis Md.

DATE REC'D BY LOCAL REGISTRAR: April 23, 1953 — REGISTRAR'S SIGNATURE: Lawson Barber imc

24. FUNERAL DIRECTOR — ADDRESS: John Taylor Funeral Home, Annapolis, Md.

VS. AI 2a2

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03560

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon; LENGTH OF STAY (In this place) 5 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS St.Paul Ave.; STATE Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon; STREET ADDRESS (If rural, give location) St.Paul Ave.

3. NAME OF DECEASED (Type or Print): (First) Beverly (Middle) Gale (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov.14,1952

9. AGE last birthday: 5 months; If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: LeRoy Smith

14. MOTHER'S MAIDEN NAME: Gloria Battle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: LeRoy Smith, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to aspiration of vomitus — Interval between onset and death: 1/2 hr.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ; (c)

921.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: none

PLACE (Home, farm, factory, street, office bldg., etc.): crib at home (CITY OR TOWN) Glyndon (COUNTY) Baltimore (STATE) Md.

TIME OF INJURY (Month) Apr. (Day) 27, (Year) '53 (Hour) about 6a m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Vomited large quantity of gastric contents part of which had been aspirated.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: A. D. Caplea (Degree or title) Deputy Md. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: April, 29, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: April 29/53; NAME OF CEMETERY OR CREMATORY: Gough Cemetery; LOCATION (City, town, or county) (State): Baltimore County

DATE REC'D BY LOCAL REG. 4-29-53; REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: J.F.Eline & Sons, Reisterstown, Md. ADDRESS

2-X-22-1374

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

REGI
MAY 6

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41 — 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTO. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. (JONES CREEK) LENGTH OF STAY (In this place) 17 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7346 HUGHES AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. (19) (JONES CREEK)
STREET ADDRESS (If rural, give location) 7346 HUGHES AVE)

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) JOSEPH (Last) SMITH

4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 12-28-1905

9. AGE Last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PIPE FITTER HELPER

10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHAS. SMITH

14. MOTHER'S MAIDEN NAME: JANE BOSOMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 3 ENLISTMENTS NO WAR SERVICE.

16. SOCIAL SECURITY NO. 218-10-0104

17. INFORMANT: EDNA E. SMITH - WIFE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify) BURIAL — DATE THEREOF 4-10-53 — NAME OF CEMETERY OR CREMATORY OAK LAWN — LOCATION (City, town, or county) (State) BALTO. Co, Md

DATE REC'D BY LOCAL REG. April 9-1953 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Damaged Letter—CM

APR 10
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Rollin S. Hudson -- at office 10-11 A.M.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY none; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 4811 Crowson St.

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) (Last) Stevenson

4. DATE OF DEATH: (Month) (Day) (Year) April 24, 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 9, 1864

9. AGE last birthday: 88 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Stevenson

14. MOTHER'S MAIDEN NAME: Mary Guy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Records, Presbyterian Home Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, myocarditis, chronic — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Senile changes, advanced — 2 yrs +

(c) Arteriosclerosis (especially with cerebral deterioration) Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to April 24 1953, that I last saw the deceased alive on April 23 1953, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE: Rollin S. Hudson M.D. (Degree or title) ADDRESS: 606 Baltimore Ave., Towson, Md. DATE SIGNED: 4 - 25 - 53

23. BURIAL, CREMATION, REMOVAL (Specify): burial; DATE THEREOF: 4 - 27 - 53; NAME OF CEMETERY OR CREMATORY: Loudon Park; LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 4/27/53

REGISTRAR'S SIGNATURE: a Upton

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. ADDRESS: 1900 Eutaw Place Baltimore

M B Mitchell

Items 8,9 FilmG153 5/5/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A-7

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills
LENGTH OF STAY (In this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Nursery & Child Hospital

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) (Last) Stewart
4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 9-~~21~~-26
9. AGE last birthday: 27 > 6 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): patient
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carroll Stewart
14. MOTHER'S MAIDEN NAME: Helen Smithrt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

410 X
Immediate cause (a) Cardiac failure: Acute Fibrillation. — 3 days (?)
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Mitral Endocarditis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23- , 19 30, to 4-19- , 19 53, that I last saw the deceased alive on 4-19, 19 53, and that death occurred at 12:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry B. Butler MD
ADDRESS Owings Mills Md
DATE SIGNED 4/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 4/22/53
NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) University Md School Balto City Md
DATE REC'D BY LOCAL REGISTRAR 4-22-53
REGISTRAR'S SIGNATURE Mary B. Sine
24. FUNERAL DIRECTOR — ADDRESS Frances A Hensley 578 N Biddle St

RECEIVED
APR 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (in this place) 51 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5124 Rolling Rd.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural give location) 5124 Rolling Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Louise (Last) Stewart

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/22/1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dress Maker

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Columbus J. Stewart

14. MOTHER'S MAIDEN NAME: Sarah J. Crangle

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Ruth E. Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gastric Ulcer, Cause undetermined — 6 mos.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..., 1948, to April, 1953 that I last saw the deceased alive on April 29, 1953, and that death occurred at 5:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Leo J. Gara M.D. Baltimore Md 5/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/2/53
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto. City

DATE REC'D BY LOCAL REGISTRAR May 4 53
REGISTRAR'S SIGNATURE Lee Kieffer
24. FUNERAL DIRECTOR ADDRESS Mac Nabb & Son

VS. A15

RECEIVED
MAY 6 1953
BUREAU V.

02865

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4637 Wilkens Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 4637 Wilkens Ave

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) F. (Last) Sweeney Sr.

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1953

5. SEX: Male 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: July 31-1892 9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Watchman 10b. KIND OF BUSINESS OR INDUSTRY: Textiles 11. BIRTHPLACE (State or foreign country): Baltimore Md 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J Sweeney 14. MOTHER'S MAIDEN NAME: Katherine Stallings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 215-05-3357 17. INFORMANT & ADDRESS: Mary A Sweeney - 4637 Wilkens Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
241X
Immediate cause (a) Myocarditis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchial Asthma
DUE TO
(c)
Interval Between Onset And Death: 4 days / years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1953, to April 7 1953 that I last saw the deceased alive on April 7, 1953, and that death occurred at 10 30 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) C. Mendelis M D ADDRESS 651 N Zeutaon St Balto Md DATE SIGNED 4/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 10 53 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) Baltimore (State) Md
DATE REC'D BY LOCAL REGISTRAR 4/10/53 REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR F. R. Wisner & Son ADDRESS 1300 Eutaw Place 17

ITEMS 13, 14: film G153 4-17-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Cedar Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 74 Cedar Ave

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Dorothea (Last) Thomas

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 13 Sept. 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN Schnaebel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Son - John Charles Thomas - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
170X
Immediate cause (a) Cancer Breast - Liver - Bowel DUE TO — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Unk

19a. DATE OF OPERATION: 1 Jan 1952

19b. MAJOR FINDINGS OF OPERATION: Cancer of Breast - left

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1951, to April, 1953, that I last saw the deceased alive on 11 April, 1953, and that death occurred at 4:10 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Walter T. Keis M.D. ADDRESS Cockeysville Md. DATE SIGNED 14 April 53

23. BURIAL, CREMATION REMOVAL (Specify): Cremation DATE THEREOF April 13 53 NAME OF CEMETERY OR CREMATORY Green Mount LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 4/13/53 REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Stewart-Morrow Company ADDRESS Balto. Md.

3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-4

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) six months
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Lutherville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York
STREET ADDRESS (If rural, give location) 145 E. 74th St., N. Y. C.

3. NAME OF DECEASED (Type or Print): (First) AIMEE (Middle) COLT (Last) TOLER

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct., 1859

9. AGE last birthday: 93 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Paterson, N. J.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William E. Toler

14. MOTHER'S MAIDEN NAME: Meter Colt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Edward K. Dunn, Robt. Garret & Sons, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Interval Between Onset and Death: 3 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Oct, 1952 to 17 Apr, 1953 that I last saw the deceased alive on 15 Sept, 1952 and that death occurred at 10 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul H Royle M D ADDRESS Pikesville Md DATE SIGNED 17 Apr 53

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: 4 - 20 - 53
NAME OF CEMETERY OR CREMATORY: Cedar Lawn
LOCATION (City, town, or county) (State): Paterson, N. J.

DATE REC'D BY LOCAL REG.: June 19 1953.
REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: John S. Mitchell & Sons, Inc. ADDRESS: 1900 Eutaw Place, Baltimore, Md.
JSM Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

13568

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) White Marsh; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 420 Eastern Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Bal. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) Allender Rd. & Route 40

3. NAME OF DECEASED (Type or Print): HORACE (First) (Middle) VENABLE (Last)

4. DATE OF DEATH: April 6, (Month) (Day) 1953 (Year)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	U	U	40 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
N	N	K	

13. FATHER'S NAME: N

14. MOTHER'S MAIDEN NAME: N

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
O	W	W

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Stab wound of heart	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Farm	White Marsh	Balto.	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
4-6-53 ? 8:30 A. m.		stabbed with sharp instrument

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☒, *undetermined* ☐.

SIGNATURE: R. R. Fisher (Degree or title) ADDRESS: Chief Medical Examiner, 700 Fleet St., Balto. 2, Md. DATE SIGNED: 4-6-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremated	April 7th 1953	Univ. of Md. Med. Sch.	Baltimore 1, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-27-53	Walter Hammett Jr. M.D.	The Anatomy Board, Maryland per: M. Hampton, Secy.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 27 19
PHILIP V. S.

TO LOCAL REGISTRAR No.____DATE_____

#813

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (53)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-52

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 901 Fell St (If rural, give location)

3. NAME OF DECEASED: (First) GEORGE (Middle) (Last) VLAHOPOULOS

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1890

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44 - X

Immediate cause — (a) Cardiac failure — DUE TO — Interval Between Onset and Death: 5 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Hypertensive cardiovascular disease — DUE TO — years

(c) asthma, chronic — years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1950, to April 22 1953, that I last saw the deceased alive on....., 19....., and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Virginia Nuffer, M.D. — Spring Grove Hospital, Catonsville Md — 4-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4/24/53 — NAME OF CEMETERY OR CREMATORY: Loch Raven Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REG. 4/24/53 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR — ADDRESS: Lambros Inc. 440 E North Ave.

RECEIVED
APR 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 70 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (In this place) 26
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore # 14
STREET ADDRESS (If rural, give location) 3049 Pinewood Ave

3. NAME OF DECEASED: (Type or Print) (First) ELMER (Middle) W (Last) WAITZ

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: July 27-1905

9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William B. Waitz

14. MOTHER'S MAIDEN NAME: Elizabeth Hazenik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mr. Charles W. Waitz 3049 Pinewood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
434.3 Immediate cause	(a) Cardio-respiratory failure	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardiac hypertrophy and degeneration	unknown
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3.25 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Virginia Huffer, M.D. Spring Grove Hospital Catonsville 28 Md 4-11-53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF 4-13-53 — NAME OF CEMETERY OR CREMATORY OAKLAWN Cem — LOCATION (City, town, or county) (State) BALTO Md

DATE REC'D BY LOCAL REG. 4/13/53 — REGISTRAR'S SIGNATURE a w Hedwick

24. FUNERAL DIRECTOR Leonard J. Luck — ADDRESS 5305 Harford

NT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING. Every item of information should be carefully supplied. Physicianase write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGSERVED FOR BINDING

VS. A15

1. NAME OF DECEASED (Type or Print): REV. JOHN LEMUEL WARD

2. DATE OF DEATH: April 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Armacost Nursing Home, 812 Regester Avenue
c. Length of stay in Baltimore: 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: none
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4618 Keswick Road

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 28, 1873
9. AGE (In years last birthday): 79 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman
10B. KIND OF BUSINESS OR INDUSTRY: Methodist
11. BIRTHPLACE (State or foreign country): Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John Ward
14. MOTHER'S MAIDEN NAME: Mary Caple

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: William Ballard Ward--67 Valley Rd., ADDRESS Plandome N.Y.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arterial Hypertension - Hemiplegia (Left) — 4/4/53
DUE TO arterio - sclerosis
ANTECEDENT CAUSES
(B) Cardio - Vascular renal

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Parkinsonian Syndrome

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953 *to* April 10, 1953 *that I last saw the deceased alive on* April 4, 1953 *and that death occurred at* 6:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Lewis F. Brunson M. D.
23B. ADDRESS: 722 N. Kenwood Ave.
23C. DATE SIGNED: 4 - 11 - 53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4 - 13 - 53
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.-1900 Eutaw Place — ADDRESS — John O. Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas — LENGTH OF STAY (In this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto. County Home, Texas, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) JOHN (Last) WATKINS
4. DATE OF DEATH: (Month) April (Day) 24, (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 27, 1885
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: any kind
11. BIRTHPLACE (State or foreign country): Balto, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Watkins
14. MOTHER'S MAIDEN NAME: Mary Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Balto. Co. Home Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

...AL CAUSE WAS OR CONTRIBUTING ... CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William [illegible] Assistant Medical Examiner, 700 Fleet St., Balto. 2, Md. 4-27 53

23. BURIAL, CREMATION OR REMOVAL (Specify): Cremated | DATE THEREOF: May 4, 1953 | NAME OF CEMETERY OR CREMATORY: Univ. of Maryland Med. Sch. | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECD BY LOCAL REG. 5/6/53 | REGISTRAR'S SIGNATURE: Anne A. McFae-ome | 24. FUNERAL DIRECTOR: The Anatomy Board of Maryland | ADDRESS: M. Frampton, Secy.

MAY 6 1953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspburg
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gum Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspburg
STREET ADDRESS (If rural, give location): Gun Mill Road

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) (Last) WEBB

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 1883

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Allen Anderson

14. MOTHER'S MAIDEN NAME: E Ellen Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: M's Helen Jenkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset and Death: 3 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15, 1953, to April 4, 1953, that I last saw the deceased alive on April 1, 1953, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: Rainey L. Fuller (Degree or title) MD — ADDRESS: Edgar Rd, Baltimore 6 — DATE SIGNED: 4-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-8-53 — NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 4-7-53 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Wm. Garner A. Hemsley — ADDRESS: 518 Biddle St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville Md
LENGTH OF STAY (in this place): 2 1/2
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Mass — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Worcester
STREET ADDRESS (If rural, give location): 62 W. Boylston St

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) F. (Last) Weihrauch

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Feb 20 - 1865

9. AGE last birthday: 88 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Orchestras

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Weihrauch

14. MOTHER'S MAIDEN NAME: Georgianna Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Cerebral Accident — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arterio-sclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 week / about 5 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar ..., 19 46, to April 11, 19 53, that I last saw the deceased alive on April 11, 19 53, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

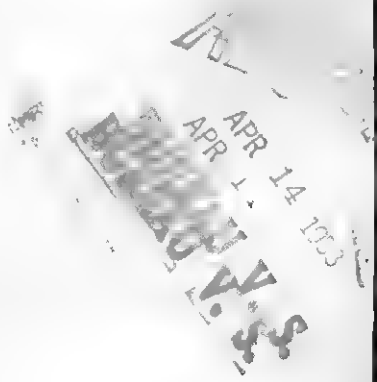
SIGNATURE: Walter F. Lees — (DEGREE OR TITLE) MD — ADDRESS: Cockeysville Md — DATE SIGNED: 4/12/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): — DATE THEREOF: 4-15-53 — NAME OF CEMETERY OR CREMATORY: Druid Ridge " — LOCATION (City, town, or county): Baltimore — (State): Md

DATE REC'D BY LOCAL REG.: 4-13-53 — REGISTRAR'S SIGNATURE: Laura M. Schroeder

24. FUNERAL DIRECTOR — ADDRESS: Wm. Cook - St Paul & Preston St

COPY SENT TO



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 mos. 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 331 Pontiac Avenue

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Weinhold

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-7-85

9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U

13. FATHER'S NAME: August Weinhold

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-17-9060A

17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 903.7 (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Artiosclerotic Cardio Vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fracture right femur

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital (CITY OR TOWN) Catonsville (COUNTY) Baltimore (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 3-23-53 m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Pt slipped and fell to floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ☑, suicide , homicide , undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jos. M. Kieffer MD Supt Med Balto 1010 Leadenhall 4/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 4-16-53 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) (State) Balto.

DATE REC'D BY LOCAL REG. 4/15/53 | REGISTRAR'S SIGNATURE C. W. Fedrick | 24. FUNERAL DIRECTOR — ADDRESS

J C L 1306 E. Fort Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

30
239
Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 324 Montgomery Ave

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Claude (Last) Welsh

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 18, 1859

9. AGE last birthday: 93 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lycurgus Welsh

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Spear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 450 0

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	5 min
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Peri-dental infection	4 days
DUE TO		
	(c) Generalized arteriosclerosis, advanced	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1953, to April 1, 1953, that I last saw the deceased alive on March 31, 1953, and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE John P. Risley (DEGREE OR TITLE) MD ADDRESS Spring Grove State Hosp. Catonsville 28 Md. DATE SIGNED 4/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF April 3-1953

NAME OF CEMETERY OR CREMATORY Elliott Chapel

LOCATION (City, town, or county) Fort Meade (State) Md

DATE REC'D BY LOCAL REG. April 3-1953

REGISTRAR'S SIGNATURE Victor Harry-Clk

24. FUNERAL DIRECTOR Wilbert Monaldson ADDRESS Laurel Md

COPY SENT TO LOCAL REGISTRAR No.____DATE_____

RECEIVED
APR 6 1953
BUREAU Vo 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4357

1. PLACE OF DEATH: COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY In this place 3/MONTHS
HOSPITAL OR INSTITUTION: NAME / STREET ADDRESS EDGEWAY MANOR 5743 EDMONDSON AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO
STREET ADDRESS (If rural, give location) 1200 HAVERHILL Rd

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) A. (Last) WOLLE
4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHT
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: 8/27/1885
9. AGE: Last birthday 67 yrs. If under 1 year: Months 7 Days 12 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED PATROLMAN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO MD
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ALEXANDER WOLLE
14. MOTHER'S MAIDEN NAME: ELIZABETH STRAUSS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS IRENE ROSS 1200 HAVERHILL Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) HYPERTENSIVE + ARTERIOSCLEROTIC
(c) CARDIOVASCULAR DISEASE — 3 YRS +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15, 1952 to 4/8, 1953, that I last saw the deceased alive on 4/7, 1953 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elmer C Rouchlund MD 3629 Edmondson Ave Balto 29 4/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 4/11/53 | NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL | LOCATION (City, town, or county) (State): EDMONDSON AVE

DATE REC'D BY LOCAL REG. 4/10/53 | REGISTRAR'S SIGNATURE A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR / ADDRESS: GEO LEIMBACH 525 N LYNDHURST ST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 608 Highland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 608 Highland Ave.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H. (Last) Wolsh Jr.

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1953

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH July 22, 1885

9. AGE last birthday 67 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President

10b. KIND OF BUSINESS OR INDUSTRY Wholesale Candy

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm. Wolsh

14. MOTHER'S MAIDEN NAME Catherine Zink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Mildred C. Wolsh - 608 Highland Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Heart disease, coronary occlusion	Sudden
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	4 yrs
	(c) Arteriosclerosis, especially cerebral and coronary	4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Collin G. Hudson (Degree or title) M.D. DME. ADDRESS Towson Md. DATE SIGNED 4/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/2/53
NAME OF CEMETERY OR CREMATORY Parkwood Cem.
LOCATION (City, town, or county) (State) Balto. Co., Md.

DATE REC'D BY LOCAL REG. 5/1/53
REGISTRAR'S SIGNATURE a w Heckmiller
24. FUNERAL DIRECTOR Wm. J. Dickens & Sons ADDRESS Balto 17. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03879

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS The Wayne Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City; STREET ADDRESS (If rural, give location) 3032 Elliott St

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) V. (Last) Wozniak

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 1909

9. AGE last birthday: 44 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Buildings

11. BIRTHPLACE (State or foreign country): Balto, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Wozniak

14. MOTHER'S MAIDEN NAME: Frances

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-01-2458

17. INFORMANT AND ADDRESS: Stella Wozniak 3032 Elliott St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

35 X

Immediate cause (a) Cerebral Vascular Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Craniotomy left old.

(c) Hemiplegia Rt. old with Recent Extension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950

19b. MAJOR FINDINGS OF OPERATION: Cerebral Vascular Accident

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1952, to 10 April, 1953, that I last saw the deceased alive on 9 April, 1953, and that death occurred at 12:30 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. E. McGrath M.D. ADDRESS 1707 Edmondson Ave. Catonsville 28 Md. DATE SIGNED 10 April 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-13-1953

NAME OF CEMETERY OR CREMATORY: St. Stanislaus

LOCATION (City, town, or county): Balto. City (State): Md.

DATE REC'D BY LOCAL REG. 4/10/53

REGISTRAR'S SIGNATURE G W Hedrich

24. FUNERAL DIRECTOR: Wm. S. Fialkowski ADDRESS 2007 Eastern Ave

J.C.L.

VS. A15

Items 18 Film G154 5-25-53 ams

03880

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18A

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville | LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 200 Ingleside Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

STREET ADDRESS (If rural, give location): 200 Ingleside Avenue

3. NAME OF DECEASED (Type or Print): (First) JERREY Jervey (Middle) QUINTARD (Last) WYATT-BROWN

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Jan. 28, 1918	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Balto. Md.	

13. FATHER'S NAME: Alexander S. Quintard

14. MOTHER'S MAIDEN NAME: Jean Jervey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Rev. Hunter Wyatt-Brown 200 Ingleside Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) Myocardial fibrosis - limited in extent

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. H. Fisher	M.D.	700 Fleet Street, Baltimore, Md.	4/9/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 11, 1953	St. Lukes Episcopal	Fine Creek Mills, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		John O. Mitchell & Sons Inc.	1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03881

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3005 DUNBRIN Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 3005 DUNBRIN Rd

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) SYLVESTER (Last) ZINKAND

4. DATE OF DEATH: (Month) 4-8- (Day) (Year) 53 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Nov 20, 1881

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TUG BOAT CAPTAIN

10b. KIND OF BUSINESS OR INDUSTRY: SHIPPING

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: PETER ZINKAND

14. MOTHER'S MAIDEN NAME: UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-16-3738

17. INFORMANT AND ADDRESS: ANNA K. ZINKAND - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Myocardial Infarction due to Coronary Thrombosis — 6 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 19 53, to 4-8, 19 53 that I last saw the deceased alive on 4-8, 19 53, and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE: Eugene F. Neary (Degree or title) M.D. ADDRESS 700 Manning Rd Dundalk Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 4-13-53 | NAME OF CEMETERY OR CREMATORY: OAK LAWN | LOCATION (City, town, or county) (State): BALTO. CO. Md

DATE REC'D BY LOCAL REG.: April 9-1953 | REGISTRAR'S SIGNATURE: William M Kelly | 24. FUNERAL DIRECTOR ADDRESS: Wm. Burgee Bradley Dundalk Md.

RECEIVED
APR 10 1953
BUREAU V. S.